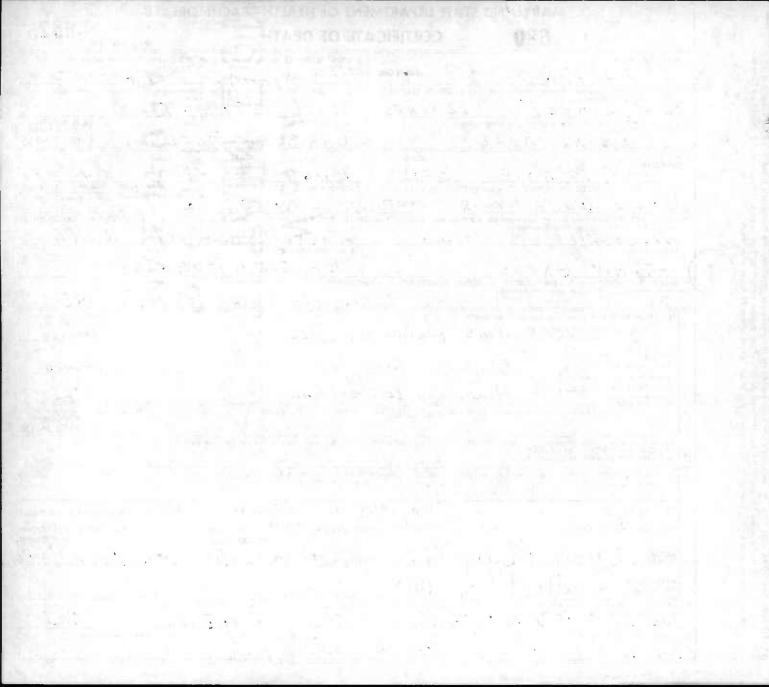
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATLE

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	CEI	RTI	FI	C	AT	E	OF	D	EA	HTA	l

00676

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY FORD MARYLAND	O. STATE ARVLAND 6. COUNTY HARFORD
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	HAURE de GRACE 3 days	1 STREET
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1	HARFORD MEMORIAL HOSPITAL	YES NO
	3. NAME OF First Middle	Last 4. DATE Manth Day Year
	(Type or print) PURLEE WILSON	CARR DEATH JAN. 9 19601
-	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. In under 1 year If UNDER 24 HRS.
4	WIDOWED DIVORCED	Aug. 6, 1887 73 yrs. 10013 110013
	10a. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	BOILER FIREMAN	MARYLAND USA
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JESSE CARR	SARAH WARNER
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. 18 unknown) (If yes, give war or dates of service)	FORMANT Address
	No 218-10-8326	MRS, SADIE E. CARR, STREET, MD.
	18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	infunction Body
	LA LA X DUE TO	The second second
	Conditions if any which The Roy L. Plant	
	gave rise to immediate	0
	couse (o), stoting the under-	mark and Boxhasus
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO POATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	U STATE OF THE STA	PERFORMED? YES NO W
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (State)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED fac work p. m. 19 at work of work	tory, street, office bldg., etc.)
		march 12 1960, to 1/9/6/ 19 , that (1) (we) last
	1/9/01	0.43
	saw the deceased alive an 11761 19 , and that d	eath accurred at M, from the causes and an the date stated above.
	Nidla HI N >	ATTENDING MED. STAFF SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) DOLDELL KOLLOC MI)	DARINGIAN Ind
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	D CREATORY 100ATION (St. A
	REDVAL (Specify) 1-11-1961 EMORY	R CREMATORY 23d. LOCATION (City, town, or caunty) (Stote)
	24. RUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	John H. Holina, DELTA, PA	DATE JAN 11 '61 arthur & Kraus
1		TAIL TO THE TOTAL PROPERTY OF THE TOTAL PROP

HOLARD SO STADISTINGO - HELD TOTALE WALL CHICK BE SAND WOLL IN BALANCE JESSE GARRELE SALAN STEELE

VR A15 (4) 15M 9/59

MARYLAND	STATE	DEPARTMENT	OF HEALTH
ON OF STATISTICAL	RESEARCH	AND RECORDS - B	ALTIMORE 1 MARY

DIVISIO LAND

	682 CERT	TIFICAT	E OF DEATH		G	0048
1. Pi	COUNTY HARFORD M	ARYLAND	2. USUAL RESIDENCE (WH	nere deceased lived. If in b. CO		FORD
4	CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town) AVRECTE STRACE 5465	TAY IN 16	a. CITY OR TOWN (IF a	outside corporate limits, w	rite RURAL and give	e nearest town)
11	NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION ARFORD MEMORIAL HOSP	ital	Box 174	RD#	1	e. IS RESIDENCE ON A FARM? YES NO
D	(pe or print) Boby Boy	CAS	SiLLY	4. DATE OF DEATH	Month	25 1961
5. SE	VALE White WIDOWED DIVO	RCED 🔲	1-23-61	9. AGE (In lips) birth	doy) Manths Dy	YEAR IF UNDER 24 HR
	JSUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINE: luring most af working life, even if retired)	SS OR INDUST	Mo		12. CITIZE	N OF WHAT COUNTRY
	THEES NAME Richard CASSILLY		Helen	Koliopo	005	
15. V {Yes,	AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY		ormant Lehard Cassil	ly Aberd	Address	vland.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.		y Louler umhran	re I disia		INTERVAL BETWEEN ONSET AND DEATH
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	inal disease conditio	N GIVEN IN PART 1	(o) 19. WAS AUTOPS PERFORMED? YES NO D
CERTIFI	0g. ACCIDENT WAS UNDERLYING PR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJUI	RY OCCURRED	(Enter noture af injury in	Part I or Part II of item 1	B.)	
MEDICAL	Oc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While ot work at work		CE OF INJURY (Hame, farm ory, street, office bldg., etc		(Cou	unty) (Stote
	a. I certify that (I) (this haspital) attended the deceased alive an1919	sed frame	eath accurred at 3^{56}	M, fram the cause		, that (I) (we) last
	20. SIGNATURE DOWNERS MIL		ATTENDING M	ED. STAFF PHYS.		22b. DATE SIGNE 1-25-6
	PHYSICIAN'S NAME (Type) R. Normnet		22d. ADDRESS Havre de	Grace Mary	land.	
23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF Surial Square St. F	cemetery or	CREMATORY	23d. LOCATION (City, the Abingdon,		(State) Maryland.
24/1	ADDRESS ADDRESS	Abingdo		JAN 3 0 '61 256.	REGISTRAR'S SIGN	

READ TO TRADITION OF THE PARTY . Accompany of the Company of the Co N. Moreson 3 mind Jan. 6,1961 St. Freels Addition, Berrow, Harrichans. The second of th death. Page

death certificate

law requires that the

offending

funeral

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filled

2 should

ofter

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

683 CERTIFICATE OF DEATH

Harford

(M)

1. PLACE OF DEATH

a. COUNTY MARYLAND Harford b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest tawn) (Rural Aberdeen

First

SUSAN

Maryland c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest tawn) Aberdeen

A. STREET ADDRESS

e. IS RESIDENCE ON A FARM? YES NO X

NAME OF DECEASED (Type or print)	
. SEX	6. COLO

OR INSTITUTION

Middle WARFIELD MARRIED NEVER MARRIED

CHRISTY 8. DATE OF BIRTH

R.D.

DEATH January 9. AGE (In years lost birthdoy)

aa

4. DATE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b COUNTY

61 19 IF UNDER 1 YEAR IF UNDER 24 HRS

	O. COLON ON NACL	WAKKIED [
Female	Colored	WIDOWED 🔀

d. NAME OF HOSPITAL (If not in haspital, give street address)

DIVORCED |

1861 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

ONSET AND DEATH

	during most of working life, even if retired) Housewife
1	13 FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Unknown

Address

Months

5. WAS DECEASED F	VER IN U. S. ARMED FORCES?	16. SOCIAL	SECURITY	NO.
Yes, no, or unknown)	[(If yes, give war or dates of service)			
No		34-34	21-21-	

Home

17. INFORMANT

Florence Presbury. RD. 2. Aberdeen, Md. INTERVAL BETWEEN

18.	CAUSE OF DEAT	H [Enter anly ane cause	per line far (a), (b), and (c).]
	PART I. DEAT	H WAS CAUSED BY:	Uremia
	603	DUE TO	
-	anditions it an	w which \	1 Lancada

Unknown

Arteriosclerotic Heart discese

gave rise to immediate DUE TO cause (o), stating the under-

Renal Insufficiency

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

lying cause lost.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Day, Year

20d. INJURY OCCURRED While Nat while

20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) factory, street, affice bldg., etc.)

(County)

(State)

(State)

Haur o. m at wark of wark p. m 21. I certify that I attended the deceased fram,

1961

22 1961 that I last saw the deceased and that death occurred at 1:05 MNrem the causes and an the date stated above.

ACTUAL SIGNATURE

alive on_

George T. Stansbury.

M.D.

569 Revolution St. Havre de Grace, Md.

ADDRESS (Street, city or town, state)

PHYSICIAN'S NAME (Type

22a. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Union M.E. Cemetery

22d. LOCATION (City, town, or county) Aberdeen. Md.

23. FUNERAL DIRECTOR'S SIGNATURE

Tarringorfsuneral Home Aberdeen. Md.

24g. REC'D BY REGISTRAR DATE JAN 3 0 '61

246. REGISTRAR'S SIGNATURE

3 should be detached for use TO FUNERAL DIRECTOR: the registror page 15M 10/57

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to the second residence of the second	
	GAYD)
THE CONTROL OF THE CO	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	PEPARTMENT OF HEALTH—BALTIMORE,	TMENT	STATE	MARYLAND
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84	CERTIFICATE	OF [DEATH
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Reg. Dist. No. 00679

8

	684		CERTIF	ICAT	E OF DEATH	1		Reg. Dist.	No.	0679
	Arford		MARYLA	AND		pland	b. COUNTY	Herelo	rd	
RURAL and give	N (If outside corporate lime nearest town)	iits, write	C. LENGTH OF STAY IN	4 16	CITY OR TOWN (IF ?	/		URAL ond give	e nearest t	own)
d. NAME OF HOS OR INSTITUTIO	Thomas Rus	give street u Rot	oddress) Ad		d. STREET ADDRESS' Thomas	Run Ro	ad		Ot	RESIDENCE N A FARM? NO [
3. NAME OF DECEASED (Type or print)		rst	A Middle	(COTNS	4. DATE OF DEATH	JANU		Day 27,	Yeor 1961
S. SEX MAIE		7. MARE	RIED NEVER MARRIED		ATE OF BIRTH April 5, 1881		AGE (In years ast birthday) 79 yrs.	Manths De	YEAR IF UI	*
during most of w	ATION (Give kind of work varking life, even if retired MET	d) a	KIND OF BUSINESS OR		Harford Co., 1	narylan		U.S		HAT COUNTRY?
13. FATHER'S NAME	nder Corns	Š		1	JENNIE	7 -				
15. WAS DECEASED E (Yes, no. or unknown)	(If yes, give wor or dates of	service)	SOCIAL SECURITY NO. 15-36-8368		rmant(wife) fanna Rumseu	CORNS 7	Beut = Add	Box 3	189 Aud	
PART I. C 3 3 Conditions, if gove rise to couse (o), stotic lying couse los	ng the <u>under-</u>	0) ((1)	ebral f	Jer	northa	je				L BETWEEN ND DEATH
CATIO	OTHER SIGNIFICANT CON	11.2						'EN IN PART 1	PE	RFORMED?
	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	CURRED. (E	inter nature of injury in	Part I or Part II	of item 18.)			
ZOc. TIME OF INJ	n. 10	20d. II While of wor	Not while	Oe. PLACE factory	OF INJURY (Home, form , street, office bldg., etc	n, 20f. (City or	town)	(Cod	unty)	(State)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Charles S	iv K		M.D.	1265.1 H, Jr.		Bella	and an the	date st	
BUNAL (Speci	JAN. 30, 1	961	Clark's C	hape /	CEM.	BEIAT	Pural, Ho	ford Co.	MARY	
23. FUNERAL DIRECTO	or's SIGNATURE W. B.	Air.	ADDRESS Ay+ LutillAms.	st,		D BY REGISTRAN		strar's sign Initum S.		

VS A1S (4) 1SM 10/S7

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	A CONTRACTOR		
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(A - 4 - 10 - 10			
(A - a.c.) in a contract of the contract of th			20/124 20/124

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

00680

OR INSTITUTION AT PART AN ABRE OF DEATH 3. NAME OF DEATH 4. NOTHER'S MAIDEN NAME 5. DEATH WAS CAUSED BY: 1. DEATH WAS CA								
-	D. COUNTY A. D. C. COUNTY A. D. C. COUNTY A. D. C. COUNTY A. D. C.		nce befare admissian)					
B. COUNTY (I causied corporals limits, write collection) B. COUNTY (I causied corporals limits, write collection) B. COUNTY (I causied corporals limits, write collection) B. COUNTY (I causied corporals limits, write RURAL and give necess town) B. COUNTY (I causied corporals limits, write RURAL and give necess town) B. COUNTY (I causied corporals limits, write RURAL and give necess town) B. COUNTY (I causied corporals limits, write RURAL and give necess town) B. COUNTY (I causied corporals limits, write RURAL and give necess town) B. COUNTY (I causied corporals limits, write RURAL and give necess town) B. COUNTY (I causied corporals limits, write RURAL and give necess town) B. COUNTY (I causied corporals limits, write RURAL and give necess town) B. NAME OF HOCH THAT (I cause of the county of t		give nearest tawn)						
-		NAME OF HOSPITAL				e de	GIACE	e IS RESIDENCE
	4	OR INSTITUTION	1	Hospital	VAI /	rheld	Rd.	ON A FARM?
	1	DECEASED	1.1 //11	11	DAILY	OF DEATH	ANUATY	2/ 1961
	5. 5	Male C	711		rat	last	birthday) Manths	
	10a.			Sterleen Proving	JSTRY 11. BIRTHPLACE (State	ar foreign cauntry)	12. CI	USA SA
1	13.	FATHER'S TAME	1 7 1	1121111	14. MOTHER'S MAIDEN	NAME		211
		Kobe	rt DAIL	1	DAISY	MAE K	ENNU)	DAILY
1				1/2 1 1/2 1 1/2	INFORMANT	7 50 -1	Address 80	Gerfered Road
		yes z	inld war II	421-16-6009 M	rs. Mary E. W	ally, Ha	ore de B	race, Med.
				line far (o), (b), and (c).]				ONSET AND DEATH
		ANTI: DEATH	MEDIATE CAUSE (a)	dremia				
		6037	7	n1. 11	1	The State of the		
			ediate	I lalipnant +	ypertensi	011		
			under- DUE TO	Panal Insu	II.			
	Z		SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
	CATIC							PERFORMED?
Ò		20a. ACCIDENT WAS U OR CONTRIBUTING ☐ (IF EITHER, NOTIFY ME	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature af injury in	Part I ar Part II af	item 1B.)	
	MEDICAL	Haur a.m.	Wh	ile Nat while f		m, 20f. (City ar tav	vn)	(Caunty) (State)
		21. I certify that (l) (this haspital) atte	nded the deceased fram	116 1	961 . to 1/2	196	1_, that (I) (we) last
			alive an 1 2	1961, and that	death accurred a	M, from the c	causes and an th	e date stated abave.
		220. IGNATURE	J. Stano	Sowy.	M.D. ATTENDING PHYS.	MED. STA	AFF YS.	SIGNED
E		NAME (Type	eorbe T. St	ansbury		tionst the	ure de Grac	c. Md.
	23a							
		REMOVAL (Specify)	MARYLAND OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b a. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) ACC ACC					
	24.	FUNERAL DIRECTOR'S S	Bullock	ADDRESS Hamade &	Q. 15 - 1. 1.	100		
	•	0,1000	~	77000000	, John M.	2 0 0 1	2. 10	

may be revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours ofter death. er death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

VR A15 (4)

COLUMN TO THE PROPERTY OF THE A SOURCE OF THE SECOND The real of the first the Manual Conservation and the Conservation of the Conservation Marine 1 - 27 - 67 Jenus James Comme Comment

TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

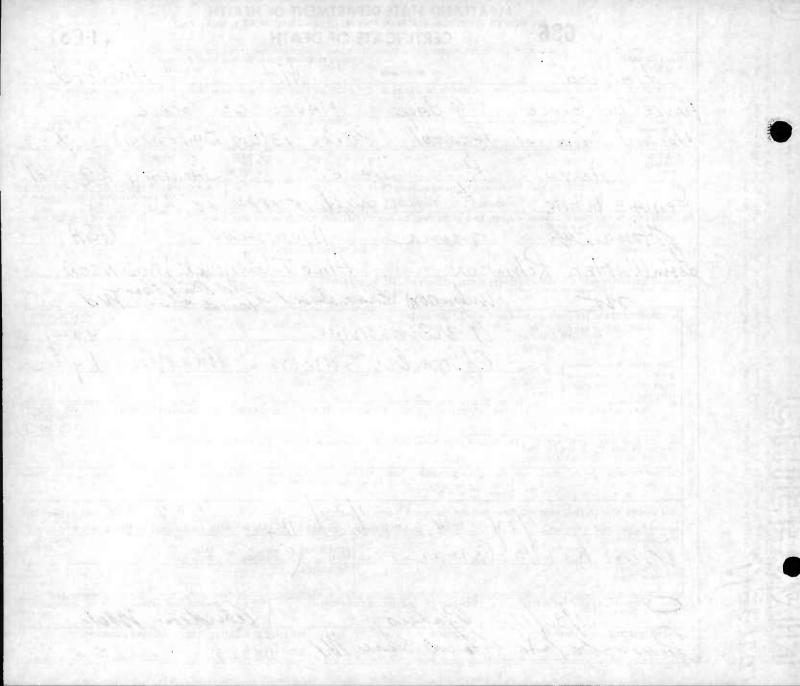
170.60	000	CERTIF	ICATE OF DEAT	Н	CUU	101
1. PLACE OF DEATH O. COUNTY	rd	MARY	o STATE	Where deceased lived. If in b. CO	unity HALLO	idmission)
b. CITY OR TOWN (If outs RURAL and give peorest		write c. LENGTH OF STAY	V II		write RURAL and give nearest	town)
HAVre de	Grace	y day	S X HAVE	e de 6	race	c pecipenice
OR INSTITUTION	emarial	Hospital	P.O. Box	3 Old BAY		S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	First VIVA	R. Middle	Dever	A. DATE OF DEATH JAA	Month Doy	Yeor 196/
Female U	1 /	MARRIED NEVER MARRIE	_ //. //	1894 9. AGE (In lost birth	years IF UNDER 1 YEAR IF (doy) Months Days He	ours Min.
Toa. USUAL OCCUPATION (Couring more of working I	ive kind of work dor	ne 10b. KIND OF BUSINESS O	or INDUSTRY 11. BIRTHPLACE (SH	ote or foreign country)	12. CITIZEN OF WH	A COUNTRY
13. PATHER'S NAME	r Roh	IN/SOA/	14. MOTHER'S MAIDE	- Charwick	-) Robinso	A)
1S. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes,	U. S. ARMED FORCE give war or dates of servi		Mas. Dever	old Ba	Address Md	
PART I. DEATH W		e per line for (o), (b), and (c).	menia.			AL BETWEEN AND DEATH
181.0 Conditions, if any,	DUE TO	Chond	In School	na Bla	Ofu 1	sian.
gave rise to imme couse (a), stating the u	diote DUE TO	0.0000				
_	(c)_ IGNIFICANT CONDI	TIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITIO	P	WAS AUTOPS' PERFORMED?
200. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MED	DERLYING 20 AUSE OF DEATH ICAL EXAMINER))b. DESCRIBE HOW INJURY O	CCURRED. (Enter noture of injury	in Port I or Port II of item 1	8.)	
20c. TIME OF INJURY M Hour o. m. p. m.	lonth, Doy, Year 19	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, for foctory, street, office bldg.,		(Caunty)	(Stot
21. I certify that (I)	11	attended the deceased	fram. 1/2 4/ that death accurred at/	19 4/, ta	es and an the date sto	(I) (we) la
220. SIGNATURE	4. Wa	clamar	M.D. ATTENDING	MED. STAFF PHYS.	1	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS			
23a BURIAL CREMATION, 2	36. DATE THEREOF	///	ETERY OR CREMATORY	23d. LOCATION (City,	town, or county)	(State)

25b. REGISTRAR'S SIGNATURE

Orthun S. Kraus

25a. REC'D BY REGISTRAR

JAN 3 1 '61



TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely titled in by the funeral director, the third copy of this

certificate has been executed by the attending physician and compfetely title death certificate assembly should be detached for use as a burial francis permit.

VS A15C 1-55 10M .

The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 687

66688

	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY HARTORS MARYLAND	STATE MARY AND COUNTY HARTERS
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give needest town) OR
TOWN BUSAIR MA 15 YHORS	STOWN LSEDAIR MID
HOSPITAL OR INSTITUTION OR BEI AR ROAD	STREET ADDRESS B. A. B. (If rural give location)
	AUDRESS DUAIR ROAD
3. NAME OF (First) (Middle) DECEASED (Typa or Print) (ARL PAUL	(Last) 4. DATE (Month) (Day) (Yaar) FCKELT OF TO A 1 19
	DEATH 77/0 // 19 6/
PACE WINDOWSEN DIVORCED	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT
dona during most of working life, evan if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKHOWN	1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, Pofor unk.) (If Yas, give year datas of servica) 218-10-8351	JOPAND BOK 315 RD1
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
22 % Marie Chos.	PIRATORY FAILURE I WEEK
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	THROMBOSIS 2 WEEKS
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO Y
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED While M. at work at work at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 19.53., to 17.74N , 19.61, that I last saw the deceased
	t // iooA.M, from the causes and on the date stated above.
SIGNATURE / / // SIGNATURE	ADDRESS (Straet, city, town, stata) DATE SIGNED
M.D.	401 Tounklivett Beller Med 201ANG
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)
BURIA JAIR MUZICI BUJAIR MUM 24. REC'D BY REGISTRAR REGISTRAR'S GIGNATURE	LERIAL GARDENS BUSINE HARTERS NO
DATE JAN 2 3 61 Oritin S. Thank	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE JAN 43 V	Joseph Total Bol and man

MARYLAND STATE DEPARTMENT OF HEATH-BALTHORS, 18

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH SS SIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CENTIFICATE OF DEATH

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1	CERTIFICATE OF DEATH	00000
	11. PLACE OF DEATH o. COUNTY ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of COUNTY of Grand of County of County of Grand of County	re before admission) RFORA
1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	give nearest town)
-	d. NAME OF HOSPITAL-III not in hospital, give street oddress) OR INSTITUTION HOR TORA ME MORIAL HOSPITAL BOX 299.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) David BROWN ELLICOTT 4. DATE OF DEATH	Day Yeor 19 6 /
	MAKKIED HALVE MAKKIED HALVE MAKKIED	1 YEAR IF UNDER 24 HRS Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done Up., KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITI. DWCROSTER WWw.dlv.fray.ung.prougs Md. Afarford Co.	ZEN OF WHAT COUNTRY
	13. FATHER'S NAME CLEW IS COLLICOIT CLIZOBEILA THOM	10.5671
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) Warld Mar / 2/2-18-0433 Mrs. Fran Cy Silvi	Warling or Both
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COARCINOMO A/Stomacl Conte	
ı	151X DUE TO	/
ı	(Conditions, if ony, which) melastasis To timer and hungs	6 sumila
I	gove rise to immediate	
I	couse (o), stating the under-	
ı	(-)	T MON TO WAS ALITOPSY
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
ı		YES NO
	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED Mhile Not while of work	County) (State
	21. 1 certify that (1) (this haspital) attended the deceased from Dec. 14 1960, to Jan. 6, 1960 saw the deceased alive an Jan 5 1961, and that death occurred at SP, M, from the causes and an the	I, that (I) (we) las
	22g-SIGNATURE	22b. DATE
	M.D. PHYS. DIRECTOR DIRECTOR PHYS.	1/10/6
	22c. PHYSICIAN'S Dudley Phillips and DARINGTON, ma	4
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(Stote)
	REMOVAL (Specific Janes 9 1960 Marlington Starlord C	or Und.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS . LONG 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIC	SNATURE
- 1	ALCX. AS - CO. ACCOMMANDED LANGE 12'61	11.

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. Sours Ofter death. page 3 should be detached for use as the burial-transit permit. Then please remove carbor the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72, TO HOSPITAL

VR A15 (4) 15M 9/S9

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

may be remained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample of the filled with page 3 should be detached for use as the burial-transit permit. Then please remare any pages 3 should be detached for use as the burial-transit permit. Then please remare any pages 3 should be detached for use as the burial, cremation, ar remayal, and in any event, within 7 shours after death. TO HOSPITAL

VR A15 (4) 15M 9/59

r death. Page 4





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	1. PLACE OF DEATH	P. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY HARFORD MARYLAND	O. STATE MARYLAND B. COUNTY HARFORD
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	HAVCE DE GRACE 3 MG.	MAVRE DE GRACE 24
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	HARFORD MEMORIAL HOSP.	MARCHAND PUE. YES NO DE
	3. NAME OF DECEASED (Type or print) OHO RAYMOND FE	EED 16st 1. DATE Month Day Year DEATH JANUARY 25 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. MALE WhitE WIDOWED DIVORCED H	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. I
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRED OF Working life of the first of the state	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? WSA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	ORMANT Address
	(Yes, no, or unknown) [If yes, give war or dates of service]	lif Freed- Sou
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o)	interval Between ONSET AND DEATH 7 howr
	gove rise to immediate	hovarcular disease >5 you
	cause (o), stoting the <u>under-</u> lying couse lost.	
	(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)
		E OF INJURY (Home, form, ry, street, office bldg., etc.) 20f. (City or town) (County) (State)
	21. I certify that (I) (this haspital) attended the deceased from	1-2-61, 15 , to $1-25-61$, 19 , that (1) (we) last of accurred at 3.5. M, from the causes and on the date stated above.
	220. SIGNATURE 2. J. Plunkth D. M.	ATTENDING / MED. STAFF STAFF STAFF
	22c. PHYSICIAN'S NAME (Type)	Havre de Frace Md
1	235 BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OF	endship 23d. LOCATION (Gy, town, or county) (Stote)
	24 FUNERAL DIRECTOR'S SIGNATURE 2100 ELECTION PR	256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE

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CERTIFICATE OF DEATH

00685

1. F	LACE OF DEATH D. COUNTY	ford		MARYL	AND	2. USUAL RESIDENCE (o. STATE Mary		ed lived. If institu b. COUNT		The Ball	nission)
ŧ	RURAL and give ne	outside corporate limi arest town) erdeen	ts, write	c. LENGTH OF STAY IN	V 1Ь	Bel .		orate limits, write	RURAL ond gi	ve nearest to	own)
	OR INSTITUTION	Aberdeen		TTAL ing Ground,	Md.	d. STREET ADDRESS 5 Di	xie Av	enue		10	RESIDENCE A FARM? NO 🏋
1	NAME OF DECEASED Type or print)	FREDERIC		Middle WILI	LIAM	GERHARD	4. DATE OF DEATI		nuary	Doy 24	Year 19 61
S. S	Male	6. COLOR OR RACE White	7. MARR	DIVORCED	_	DATE OF BIRTH 26 Oct 189	6	9. AGE (In years lost birthdoy) 64 yrs	Months	YEAR IF UN Doys Hou	
S	oldier-Ret	N (Give kind of work ing life, even if retired Colon		KIND OF BUSINESS OR J.S. Army (F	Reti	red) Sout	h Dako			USA	T COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDE					
		William Ge			Lee in a		ret Po				
15. {Yes	, no, or unknown) (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO.		ORMANT			dress	- 1	
	Yes	1915-1954		Inknown		Helen C. Ge	rnara,	5 Dixie	Avenue		
		TH [Enter only one co TH WAS CAUSED BY: TMMEDIATE CAUSE (o	1	ne for (a), (b), ond (c).] [yocardial F	Fail	ure				inset At	BETWEEN ND DEATH Hours
	Conditions, if or gave rise to in couse (o), stoting	nmediote Dur To)	Coronary Occurrence			ease			48 1	Hours
NO.	lying couse lost.	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO THE TEL	RMINAL DISEA	SE CONDITION G	IVEN IN PART	1(o) 19. WA	S AUTOPSY FORMED?
CATION			lar d	lisease, Pul	Lmon	ary edema					□ NO 🔀
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury	in Part I or Pa	art II of item 1B.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. It While at war	Not while	PLA fact	CE OF INJURY (Home, fo ary, street, office bldg.,	orm, 20f. (Ci etc.)	ty or town)	(C	aunty)	(State)
	21. I certify tha	0) attend 4 Jan	ed the deceased f	ram hat de	24 Jan	161 ta 20M, fran	24 Jan the causes a			(we) last ed abave.
	220. SIGNATURE	I Hu	ns	aln		ATTENDING PHYS.	MED. DIRECTOR	STAFF		Januar	22b. DATE
	22c. PHYSICIANS NAME (Type)	HAMATY,	Capta	in, MC		U.S. Army	Hospit	tal, Aber			d
23a	BURIAL, CREMATIO	1-27-61		23c. NAME OF CEMET Arlington		CREMATORY: 1 Cemeter		ATION (City, lown, lington,	, or county)		itote)
-	FUNERAL DIRECTOR		600	ADDRESS 9 Harford	Road		EC'D BY REGI		SISTRAR'S SIG		

moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours

er death. Page 4

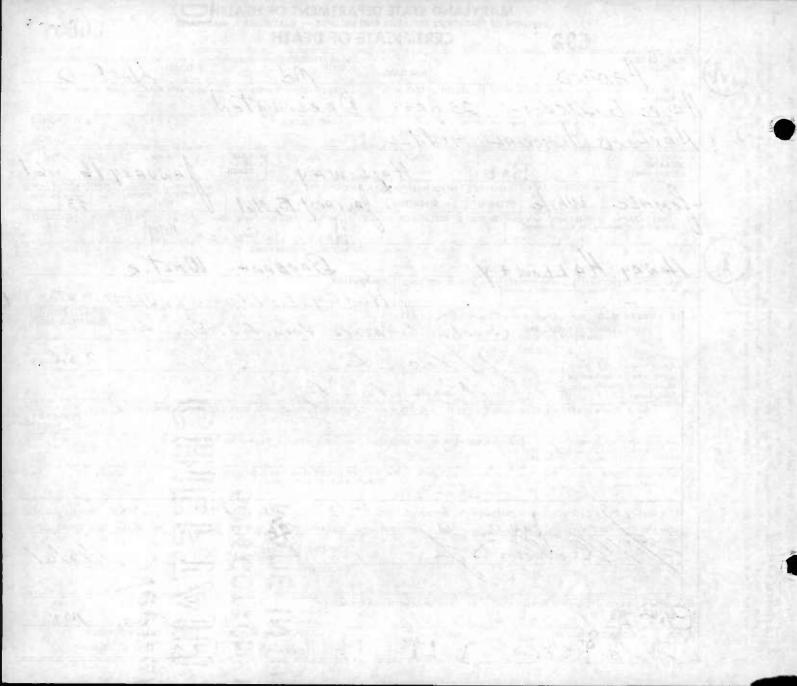
TO HOSPITAL VR A1S (4) 1SM 9/59

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MARYLAND STATE DE	EPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased livad, If institution: Rasidanca bafora admission) a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give peacest (owth)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \ NO \
3. NAME OF DECEASED (Typa or print) () TO HAVE Middle	Last 4. DATE Month Day Year OF DEATH Jamay 29 19 6 /
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 12 - 26 - 8 3 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Months Days Hours Min. M
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if ratired) ENNELMAN RETRED HARFORD HUNTCLU	
13. FATHER'S NAME not known	14. MOTHER'S MAIDEN NAME Not Known
(Yes, no, or unkown) (Ifyasgivawarordatesofservica) 218-22-1755 M	no Victor Barrow, 902 Southerly Rd,
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	elusion IMTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which (b)	
gave rise to immediate cause (a), stelling the underlying cause last. (c)	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	Entar natura of injury in Part I or Part II of item 18.)
	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) lory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes . Accident . Suici	ide, Homicide, Undetermined manner
ACTUAL Levald & Palmer	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S GETTLE PROPERTY	DEPUTY MEDICAL EXAMINER (- 29 - 6/ Addrass (Street, city, town, or county)
BURIAL Feb 1et 1961 St James	R CREMATORY (22d. LOCATION (City, town, or country) (Stata). (Stata) Monkton, Baltimore Co. Ind. (24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Martin G. Kurtz, Jarrettserl	le, Md DATE FEB 2 '61 Orthur S. Kraus
Martin G. Murz, Jarrellson	le, Md DATE FFB 2 '61 arilus S. Kraus

SERVINGS I LOCATION OF THE PROPERTY OF THE PRO HYARO WOLSTANDER CHIEF CONTROL OF LANGETING The state of the s

that the death certificate be executed within 24 hau



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 694 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by Tine funeral page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours ofter death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

VR A15 (4) 1SM 9/59

00688

	Male White WIDOWED DIVORCED January 22, 1961 yrs. 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stote or foreign country) 12. CITI N/A N/A Maryland 13. FATHER'S NAME N/A Maryland 14. MOTHER'S MAIDEN NAME Robert M. Johnson Erika A. Klausnitzer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. Armstrong Street			re admissi	on)									
	b. CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OI	F STAY IN 16	X	.4		porote limi	ts, write R	URAL ond	give nec	arest town)
t	OR INSTITUTION					1								FARM?
E	lospital, Ab	erdeen Pro	ving	Ground	, Md.		17 Ar		-	reet			YES 🗌	NO 🔀
3	DECEASED							OF		4		Do	20	eor 9 61
1	S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER	MARRIED X	8. D	ATE OF BIRTH		9. AGE	(In years			-	
L	Male	White	WIDOW	ED DI	VORCED	Jε	muary 22,	1961			Monins	Days	Hours 3	Min. 5
1	Oa. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired	done 10b.		,	USTRY			country)		12. CI	TIZEN OI	F WHAT C	OUNTRY?
ti	3. FATHER'S NAME	unit la con			7	14								
	Robert M. J	ohnson					Erika A.	Klaus	nitze	er				
				SOCIAL SECUR	ITY NO. 17.	INFOR	MANT	17	Arms	stron	ress Sta	reet	-25	
L		/ 2		N/A	F	ath	ner							
r			ouse per li					E				INT	ERVAL BE	TWEEN DEATH
1	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE ()	Seve	re prem	atu	rity					3	hrs,	5 mi
	couse (o), stoting to lying couse lost.	he under-	=)	CONTRIBUTING	TO DEATH BU	JT NO	RELATED TO THE TE	RMINAL DISE	ASE COND	ITION GIV	VEN IN PA	RT 1(0)	PERFO	AUTOPSY RMED?
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN.	JURY OCCURR	RED. (E	nter noture of injury	in Port I or I	Port II of ite	em 18.)				
1	20c. TIME OF INJURY Hour o. m. p. m.		While	Not while					City or town	n)		(County)		(Stote)
	21. I certify tho saw the deceas 220. SIGNATURE	t (I) (this hospita ed alive an 22	l) attend Jamu	ded the dece ary 19 61	eased from and that	4: deat	55 A.M. 2 h accurred at	19		uses ar	AM 22 19 nd an th		stated	abave.
	22c. PHYSICIAN'S	and	1	Marc		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAF			Janus		961ed
	NAME (Type)	MALCOLM MO	LEAN	, Capt,	MC		Aberdeen						nd	
1	23a. BURIAL, CREMATIO REMOVAL (Specify)	N. 236. DATE THERE	J 1961	Augi	To ruy	OR CR	Poard	lui	UNTS.	tu 9	240	. 13	a/10	· 7110
1	John 4. S	Wiring -	ale	rolecu.	wed.		25o. R	Unit U	gstgar 61	250. 00 01 and	. 0	Hour Hour		
	- 205	0191 XV	0			8								

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TO HOSPITAL

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 693

00689

1. PLACE OF DEAT o. COUNTY		rford	MARYLAND	2. USUAL RESIDENCE o. STATE	E (Where decease	ed lived. If instituti b. COUNTY			ision)
	VN (If outside corporate lim ve nearest town) Be! A		5 yrs.	(D)	(If outside corp	orote limits, write R	URAL ond gi	ve nearest tow	m)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Moore's Mill Road				d. STREET ADDRESS Moore's Mill Road				e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	Edi		Middle Edwards	Johnston	4. DATE OF DEATH	Mor Jan	uary	Doy 7	Year 1961
5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED TO	B. DATE OF BIRTH	1893	9. AGE (In years lost birthdoy) 67 yrs.		YEAR IF UNE Doys Hours	7
during most of SECT	PATION (Give kind of work working life, even if retired etary	done 10b. KIND	OF BUSINESS OR IND	Maryl	and	country)	12. CITIZ	ZEN OF WHA	T COUNTRY?
13. FATHER'S NAM	: Iliam Lee Joh			Mary B!					
1S. WAS DECEASED (Yes, no. or unknown)	DEVER IN U. S. ARMED FOR (If yes, give war or dates of	CES? 16. SOCIA ervice) 2/2-	67-7624			Add n Bel	Air,		
PART I.	DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Cerebr	al hemorrha	age cardiovascu	lar die	0350			D DEATH
gove rise to code (o), sto lying couse ())							ears
Nes Res	other significant con	is from	previous	cerebral thr	ombosis		EN IN PART	PERF	AUTOPSY ORMED?
	T WAS UNDERLYING TING CAUSE OF DEATH OTHER MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURE	ED. (Enter noture of inju	ry in Port I or Po	rt II of item 18.)			
Hour o	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Ot work ot work ot work of the process of the p								
	y that I attended the January 7 Paul J. Sta	nosife	,_, and that deal	M.D. 115 F	ADDRESS (S	m the causes of	and an the	e date stat	
220. BURIAL, CREM REMOVAL (Spe Burial	ATION, 22b. DATE THEREO		NAME OF CEMETERY	OR CREMATORY	377 153 250	ATION (City, town, o		(Sto	te)
23. FUNERAL DIRECT	Charles & Son		ADDRESS	17 Md. DAT	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	10	7

MARYTANDS STATE DEPARTMENT OF HISASTH-BALTIMORE. 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND buriol, b. CITY OR TOWN If outside corporate c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corposate limits, write RURAL and give necrest town) and give nearest OLV p d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS inttood NAME OF First Middle DATE Lost Month -DECE ASED (Type or print) for S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FIFUNDER TYEAR last birthday) 2 with the Months WIDOWED [DIVORCED yrs. 3 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS, OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) pup doring most of working life, even if retired) 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME S Page U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. JNFORMANT Give 8. G 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY farm IMMEDIATE CAUSE (a) **DUE TO** = Canditions, if ony, which Dencil gove rise to Immediale couse alang burial shauld **DUE TO** (o), stoting the underlying couse lost. 2 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY OS 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) pe PRIMARY | or CONTRIBUTING | Exam should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Medical o. m. Not while m of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection forwarded to the Chief FUNERAL DIRECTOR: death resulted from: Natural causes Accident . Suicide | Homicide | | Undetermined cause 5 cate. ACTUAL CHIEF MEDICAL EXAMINER C) -4 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** cute the NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF DIAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) REMOVAL (Specify) 0 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(S)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

Day

Days

(County)

Inquiry

e. IS RESIDENCE ON A FARM?

YES NO IZ

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗌

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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Ī	596 CERTIFICA	ATE OF DEATH	00031
1	1. PLACE OF DEATH o. COUNTY HAR FOR P MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence to a. STATE b. COUNTY HARF.	pefare admission)
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) HAVRE DE GIRACE 5 YRS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OF REVOLUTION ST.	669 REVOLUTION, ST	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) MATTIE JOUHEY	KIMBALL 4. DATE Month OF DEATH JAN	Day Year 7 9 196/
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH JULY 11, 1880 9. AGE (In years last birthday)	EAR IF UNDER 24 HRS. ys Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, evencif retired) HOUSE WIEE HOME		OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	JAMES H. SHOOK	NINEVAH M.	
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	ANIEL F. KIMBALL HAVREDE	GRACEMO
	1B. CAUSE OF DEATH [Enter only ane cause per fine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Occlusion	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Christ Probably Malynant	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		RED. (Enter nature of injury in Part I ar Part II af item 18.)	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Hour a. m. While at wark of wark	PLACE OF INJURY (Home, form, 20f. (City ar tawn) (Coufactary, street, affice bldg., etc.)	nty) (State
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased olive on 19.00, and that	death occurred of AM, from the couses and on the d	thot (I) (we) last ate stoted above.
	220. SIGNATURE CILL LEUNIN ME	ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	HAM de Syra M	
	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BEMOVAL (Specify) FEB. 1, 1961 MTOLIVE	OR CREMATORY 23d. LOCATION (City, town, or county) BALTIMORE CO.	(State) MD
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HAVRE DEL	PRACEND DATE FEB 1 '61 Onliver S. A	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, a sharehold far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages the State Board of Health prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO HOSPITAL VR A1S (4) 1SM 9/59

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death.

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cessary, please exe.

Page 4 should be cremation PLACE OF DEATH buriol, b. CITY OR TOWN nd give nearest to an 0 d. NAME OF HOSE registrar priar be retained far your files and 2 with the registrar pr funeral dire any delay NAME OF (Type or print) S. SEX Give Pages 1, 2, and 3 to the A3. Page 5 may be retained fo ICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. 10a. USUAL OCCUPA during most of work Lalo 13. FATHER'S NAME poges 1S. WAS DECEASED I File 20 cute the certificate, writing the ward "pending" in pencil in Item 18. Giverwarded to the Chief Medical Examiner's Office along with form PM3.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. permit. 18. CAUSE OF DE PART I. DE Canditians, if gove rise to imm (a), stating the cause last. CERTIFICATION 20a. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year p. m. ACTUAL SIGNATURE ar remayal TO DEPUTY EXAMINER'S NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE VS. A15ME(5)

SM 9/55

	NT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. () ()	693
Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admit of STATE b. COUNTY of the country of the coun	ssion
(If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to	wn)
ITAL OR INSTITUTION (If not in hospital, give street address)		A FARM?
Nelson J Lee	OF MANAGER 15	9 41
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	DATE OF BIRTH Duly 4, 1898 9. AGE (In years lift UNDER TYEAR IF UNDI 62 yrs. 62 yrs. Moopths Days Haurs	ER 24 HRS. Min.
ION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRING life, even if retired)	11. 8th THPLACE (State or fareign country) 12. CITIZEN OF WHAT	COUNTRY?
lson A. Lee	14. MOTHER'S MAIDEN NAME Lee	
VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN IN 18. III 19. III .	io. Laura L. Dorsey - aterdeen, n	ed,
ATH [Enter only one couse per line for (a), (b), and (c).] ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Frature	ikull Interval between conset and dea	
DUE TO		
any, which (b)		
underlying (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES T NO [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Nat while at wark of wark certify that I took charge of the remains described above, held an Autopsy Inspection PA. and find that Inquiry death resulted from: Natural causes Suicide Undetermined cause Homicide DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (State) ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JAN 1 9 '61 arthur & Kraus

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed livad, If institution, Residence before edmission) a. COUNTY a. STATE b. COUNTY Harford Pennsylvania MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL end give naerest town) writa RURAL end give nearast town) Bel Air York d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 2, and 3 to the funera be retained NO Z State S. Main St. death. NAME OF Middla 4. DATE Month DECEASED the (Typa or print) DEATH 19 61 January with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED D DATE OF BIRTH LIF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years may 2 age 5 may and 2 will 72 hours last birthday) Months Days Hours 24 hours after ove Pages 1, 2, an WIDOWED DIVORCED female 10a. USUAL OCCUPATION (Giva kind of work dona during most of working Way avan if ratired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page 8. Give Pages pages Within PM3. 3. FATHER'S NAME File 17. INFORMAN 16. SOCIAL SECURITY NO. (Yas, no. o unkown) | (If yes give war or dates of service Office along with burial-transit perm This certificate should be executed in pencil in Item 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: and Pneumonitis IMMEDIATE CAUSE (a) DUE TO removai. Bilateral Otitis Media Conditions, if env, which "pending" gava rise to immadiata causa S 10 DUE TO (e), stating the undarlying 95 Examiner' ö cause last. pesn cremetion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 execute the certificate, writing the word YES X NO Medical plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Dey, Yaer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) (County) (Slete) should be forwarded to the Chi fectory, street, offica bldg., etc.) 0 Whila Not While Hour e.m. et work et work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion TEDICAL death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO DEPUTY EXAMINER'S Charles S. Petty pinous NAME (Type) Addrass (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATOR 220. BURIAL, CREMATION, 22b. DATE THEREO (State) REMOVAL (Specify) 0 040 24e. REC'D BY REGISTRAR VS. A15ME arthur S. Kraus 31 DATE JAN

MARYLAND STATE DEPARTMENT OF HEALTH

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TIMORE 1, MARYLAND

DIVISION OF	SINIIZIICAL KEZENKCH AL	NU	RECOR	n2	RALI
00	CERTIFICAT	TE	OF	DE	ATH

	700 CERTIFICATE OF DEATH	00695
/ 10	1. PLACE OF DEATH o. COUNTY HOR FOR A MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE) b. COUNTY HOR	ce before admission)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) RURAL ond give nearest town) ANNE-AE-ORACE C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	give nearest lown)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HERE FORD ME MORIAL TOSPITAL 1726 FOUNTAIN 31	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Lost WILLER DEATH Month OF DEATH	Day Year / 5 19 6/
	Male White WIDOWED DIVORCED 2/6/1878 Josh bighdoy) Months	1 YEAR IF UNDER 24 HRS Doys Hours Min.
1	during most of working life, even if retired) Pennsylvania R.a. Maryland 2	28, A.
	Whit & Miller Matilda Wordell	2
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (19t. no. or unique)	1d.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	lying couse lost. (c)	T 1(o) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
		County) (State
	21. I certify that (1) (this haspital) attended the deceased fram. 1961, ta	that (1) (we) lase date stated abave
-	220. SIGNATURE M.D. ATTENDING MED. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECT	22b. DATE SIGNEI
-	230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City, Jown, or country)	u. M.
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE JAN 2 0 '61 250. REGISTRAR'S SIGNATURE DATE JAN 2 0 '61	GNATURE & Kraua

er death. Page 4 moy be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 bours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour TO HOSPITAL

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TO HOSPITAL

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CERTIFICATE OF DEATH

Dist. No. 00696

	2 1 2						Made Dis	1. 140.	- 0 - (.
1. PLACE OF DEATH o. COUNTY H	arford		MARYLAND	2. USUAL RESIDENCE (o. STATE	Where decease	d lived. If instituti b. COUNTY		e before	
b. CITY OR TOWN (I RURAL and give no	If outside carporate limi earest town)	ls, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corpo			Market Market Market	4 1/4
d. NAME OF HOSPIT OR INSTITUTION	ALY (If not in hospital, g	ive street	oddress)	d. STREET ADDRESS	ettsv:	ille			IS RESIDENCE ON A FARM?
	onvalescen	t Hon	ne					1	YES NO
3. NAME OF DECEASED (Type or print)	Robert	st	Middle L. Mil	losi ler	4. DATE OF DEATH	January	27.	Day	Year 19 61
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)			UNDER 24 HRS.
Male	White	WIDOW	DIVORCED [Sept. 23.	1870	90 yrs.	Months	Days F	lours Min.
during most of worl	king life, even if retired		kind of Business or Indu	STRY 11. BIRTHPLACE (SI	ote ar foreign c	0.2	12. CITI		WHAT COUNTRY
13. FATHER'S NAME	retired	100	en. rarm	Jarret		Le, Md.		USA	
Mhomog	Un to a la dissa a	M: 1 '	1						
	Hutchins R IN U. S. ARMED FOR			INFORMANT	Barber	Add	ress		
(Yes, no. or unknown)	(If yes, give war or dates of se	rvice)	THE DESIGNATION OF THE PERSON	ss. Irene	Miller		Air,	Md	
PART 1. DEA 4 20. Conditions, if o gove rise to it couse (o), stating	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which (b) m mediate (Cor	ne for (o), (b), ond (c).]						AL BETWEEN AND DEATH ?
lying couse lost.) (c		ronic Cardio-						?
CAI	HER SIGNIFICANT CON	2 SMOITIG	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TEI	RMINAL DISEAS	E CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? ES NO []
G (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Par	t II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yeo	While	NJURY OCCURRED 20e. PL Not while k at work	ACE OF INJURY IHome, foctory, street, affice bldg.,	orm, 20f. (City	or tawn)	(C	ounty)	(State)
21. I certify the alive on I an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W-1	uary 26,	decease 126	Ludson		OP M, from	n the causes of treet, city or town,	and an th	e date	stated above
220. BURIAL, CREMATIO	N, 22b. DATE THEREO		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stote)
Burial (Specify)	1/30/19	961	Jarrettsvi	lle	-	ettsvi		P.M.	
23. FUNERAL DIRECTOR		01	ADDRESS	240. RE	C'D BY REGIST	TRAR 24b. REGI			1 2 - 5 - 1
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TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY HARFORD MA	RYLAND	o. STATE B. COUNTY HARFORD
	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
1	RURAL and give nearest tawa) AVRE de GRACE		ABERDEEN 31
	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1	TARFORD MEMORIAL HOST		638 MARKET SI. YES NO IN
3.	NAME OF First Mid DECEASED (Type or print)	dle M	Last 4. DATE Month Day Yeor OF DEATH JAN. 3 1961
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	RRIED 🕡	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min
1	EMALE WHITE WIDOWED DIVOI	CED 🔲	1-2-61 lost birindoy) wrs. Months Doys Hours Min.
100	. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINES during most af working life, even if retired)	S OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ENEANT		MARYLAND
13,	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
-	DONALD MORRISON		JOAN F. BENTZ
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. IP	NFORMANT Address
(11	s, no, or Anknown) (If yes, give war or dates of service)		
-	18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and	(c).1	INTERVAL BETWEEN
			ONSET AND DEATH
	IMMEDIATE CAUSE (o)	ama	turity 7 live
	DUE TO		
	Conditions, if any, which (b)		
10	gave rise to immediate DUE TO		
	lying couse lost. (c)	-51	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
N			YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR' OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	r occurre	ED. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED	20e. Pl	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour o. m. While Not while p. m. 19 at work □ ot work □		ctory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceas	ed fram.	1-2, 196/, ta 1-3, 196/that (1) (we) last
	1 7 61		death accurred at 3.5 M, from the causes and an the date stated above.
	220. SIGNATURE		22b. DATE
	S. J. Vhruselt W		M.D. PHYS. SIGNED
	22c. PHYSICIAN'S		22d. ADDRESS
	NAME (Type)	a lead	
-	AND		CAPUATORY ON LOCATION (C)
234	BURIAL CREMATION 236 DATI THEREOF 23 NAME OF CREMOVAT (Specify)	L h	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	,	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
L	Hampaaay Hapital admir	estan	ator DATEJAN 6 '61 Orthur S. Krous
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ford and a little man	t med a bid street	A	
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about contact (= 0, 1 ± 9). In this capable of motion states			
Det all more and			ALLEN STREET
			AMERICAN STREET
	TEN CONTRACTOR	distant . M	

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 1 FilmG281 2-14-61 et

CERTIFICATE OF DEATH

704

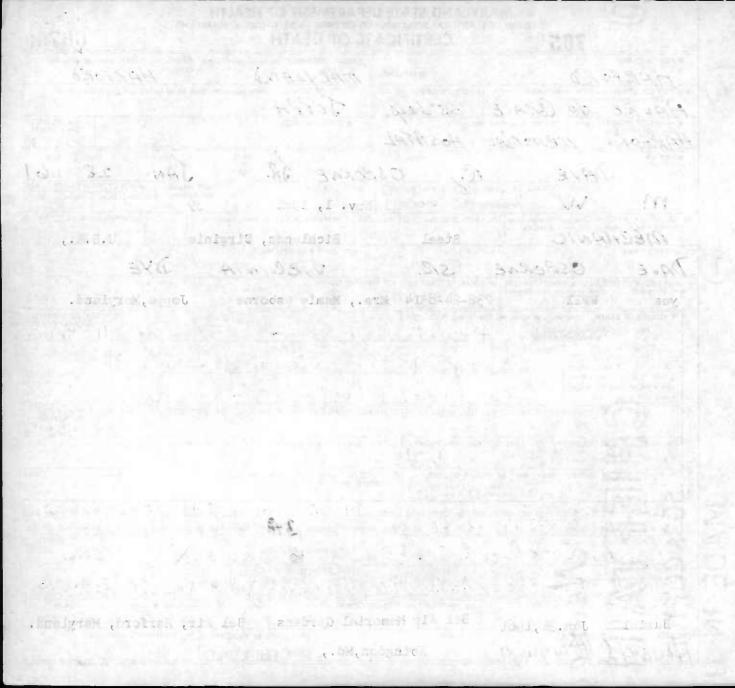
00699 Reg. Dist. No.

1.	PLACE OF DEATH a. SOUNTY MARYIAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY for for
	b. CITY ON OWN (If outside corporate limits, write RENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) or INSTITUTION At home 250 Alliance Road d. STREET ADDRESS on A FARM? YES NO 12
3.	NAME OF DECEASED (Type or print) March Willis Orem 4. DATE Month Day Year DEATH 1/3/16/ 19
L	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH LIMBLE WIDOWED DIVORCED NEVER MARRIED 14-1899 9. AGE (In years lost birthday) 6 yrs. Months Days Hours Min.
10	o. USUAL OCCUPATION (Give kind of work done during most of moking life, even if retired) Number Home Bellimore M4. U.S. A.
13.	Henry O. Bullen Lavina Willis
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAND Pales of Johnson Handle Grace Williams Address & 50 allignee Manager Was Calph Pohnson Handle Grace W
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port It of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Nat while at work at wo
	21. I certify that I attended the deceased fram Jan 18, 1961, ta Jan 21, 1961, that I last saw the deceased alive on Jan 18, and that death accurred at 474 M, fram the causes and on the date stated above. ACTUAL FORM J. Haufer M.D. 355 GREEN St. HAURE de GRACE, Md. PHYSICIAN'S NAME (Type) Frank D. Hauber, M.D.
22	BURIAL PREMATION, 22b. DATE THEREOFY 22c. NAME OF CEMETERY OR CHARTOPY 22d. LOGATION (City, town, or couply) (Sign) REMOVAL (Specify) 2/3/6/1 (SMC) (City, town, or couply) (Sign)
10.	JUNERAL DIRECTOR'S SIGNATURE ADDRESS

r death. Page 4

VR ATS

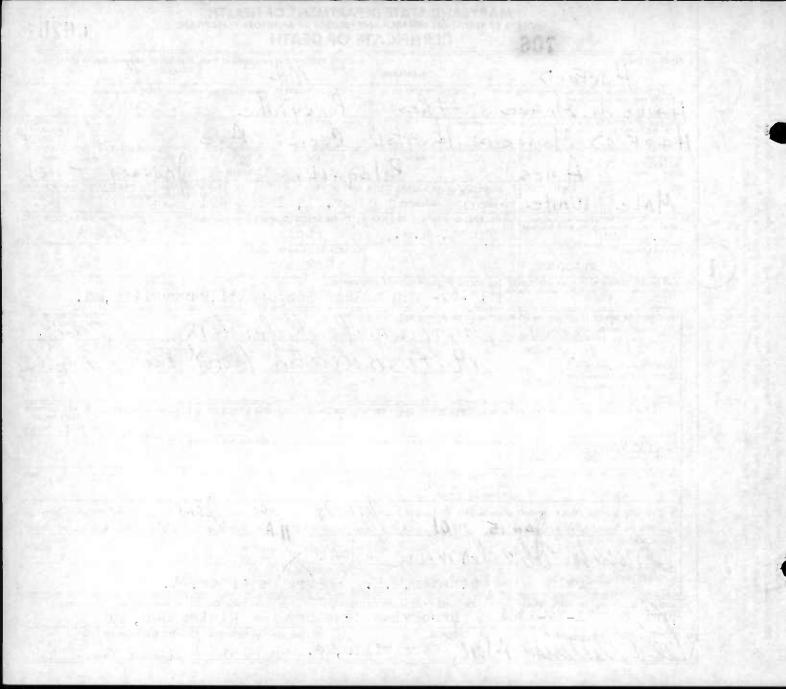
× ×		1, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Ped /	TA A	o. COUNTY HARFORD MARYLAND	MARNIAND b. COUNTY HARFORD
De f	IVI)	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
P		FIRAL ond give neorest town) HIAVRE CLO CRACE 25 Days	XJOPPA
hon		d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
5.	071	HAPFORD MEMORIAL HOSBIAL	YES NO W
and		3. NAME OF First Middle	Last 4. DATE Month Day Yeor
th.		(Type or print) DAVE	ROPALE SR DEATH TAN. 28 1961
Pages		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
0.		WIDOWED DIVORCED	Nov. 1, 1921 Jost birthdoy) Months Doys Hours Min.
carban papers.		10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU	
n po		during most of working life, even if refired) Steel	Richlands, Virginia U.S.A.,
rba		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	(I)	DAVE OSBORNE SR.	VIRCINIA DYE
mave it wit		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
e re			rs., Mamie Osborne Joppa, Maryland.
eds		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
9 .	UMALI	PART 1. DEATH WAS CAUSED BY: Periton	IIS - FOLLOWING UNKNOWN
The		587.2. DUE TO	
# . To		Conditions, if ony, which) (b) Surger V To	or INTERNAL drainage of
may may		gove rise to immediate DUE TO	0 - 51
Sit F		lying couse lost. (c) PANCYEATIC	(VSI - MUMONARY CONGESTION 3 hrs
ran		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
burial-transit	de	3	YES NO [
bur		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH UTILIFY OF THE CONTRIBUTING CAUSE OF DEATH UTILIFY OF THE CONTRIBUTION OF T	D. (Enter nature of injury in Port I or Port II of item 1B.)
al c		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
e as			ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
r to		Hour o. m. 19 While Not while of work of work	
d fo		21. I certify that (I) (this haspital) attended the deceased fram	JAN 3 1961, to JAN 28, 1961, that (1) (we) last
detached Health p			death accurred at AM, fram the causes and an the date stated above.
deto	100	220 SIGNATURE	ATTENDING MED. STAFF 1/22b. DATE SIGNED
be	- /		M.D. PHYS. DIRECTOR PHYS. 128/6/
plud		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS PI DI BOLT II ALL
3 should		Charles E. Ochoen MAIS MD	1819 (FIEN VIDGE V9. 1011) C.7, 170.
page 3		230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	
pd	(m)		rial Gardens Bel Air, Harford, Maryland.
(4)	90	24 Foweral Director's skyllature Address	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
59	134	Howard Me arms of Abingão	on, Ma., DATE FEB 1 '61 Color & Krus



er death. Page 4	A second	inteldi dilecidi,	and be filed with	
TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ever death. Page 4	The may be retained by the hospital or attending physicion.	is peen signed by the attending physician and campietery tilled in by the loner	al-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be	the State Baord of Health prior to buriol, cremation, or remayal, and in any event, within 72 hours after death.
TO HOSPITAL ATTENDING PHYSICIAN: The	may be retained by the hospital or attending ph	IO FUNEKAL DIRECTOR: After this certificate has	poge 3 should be detached far use as the burial	the State Baord of Health priar to buriol, cremati
15	M 9	15	9	

ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs exert death. Page 4

	100						
1.	PLACE OF DEATH C. COUNTY HAR FORD MARY	YLAND :	a. STATE		I. If institution b. COUNTY	Residence before	re admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)		c. CITY OR TOWN (If ou	tside corporate li	mits, write RUI	RAL ond give ned	arest town)
1	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AR FORD MRM & RIPLIFORM	tal	d. STREET ADDRESS Cec. L	Ave			e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) AMOS	Pela	last a A L L i	4. DATE OF DEATH	Month	VARY 1	5 1961
	MALE White WIDOWED DIVORCE		Nov.21, 18	89 7	t bi(thday) yrs.	Months Days	Hours Min.
100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Penna, R.F.		Italy	or fareign cauntry)	U S	F WHAT COUNTRY A
13.	FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NO. UNKNOWN	AME			
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10. P. unknown) (If yes, give wor or dates of service) 717-07-552		land Rappo	selli,F	erry v		d.
NOI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	M CUD	of Wife	Jean MAL DISEASE CON	of fa	sease o	2 19 LIGHT
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED.	(Enter noture of injury in P	ort I or Port II of	item 18.)		YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of wark of work		E OF INJURY (Home, farm, ry, street, office bldg., etc.)		own)	(County)	(Stote
	21. I certify that (I) (this happital) attended the deceased saw the deceased alive an an 15 1941, and 220. SIGNATURE 21. I certify that (I) (this happital) attended the deceased are an increased alive an increase and increased alive an increase are alived. In the control of	that de	ath accurred at A	M, fram the	AFF IYS.		nat (I) (we) las e stated abave 22b.DATE SIGNEI
230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CENTRAL PROPERTY 1-17-1961 Brooks		CREMATORY Cemetery	23d. LOCATION Risi	(City, town, ar		(Stote)
24.	PONERAL DIRECTOR'S SIGNATURE LOW Conference & Son, Peri	yvil	le,Md. DATEAN	BY REGISTRAR		rar's signatu	



TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	CEI	THICATE	OI DEATH			
	E OF DEATH HAR FORD	MARYLAND 2.	USUAL RESIDENCE (Whe		ounty Harf	before admission)
HO	TY OR TOWN (If outside corporate limits, write RAL and give naturest town) AME OF HOSPITAL (If not in hospital, give street address)	STAY IN 16	d, STREET ADDRESS	tside corporate limits, v	write RURAL and give	nearest fown)
Hã	RINSTRUTION Me mor 194 HOSP	1/1/	623 Fred	dow s	treet	ON A FARM? YES NO
3. NAM DECE (Type		Boy. 1	Pigst . Perk//VS	4. DATE OF DEATH	Month	Day Year 6 1961
s. sex	12 COLOR OR RACE 7. MARRIED NEVER	MARRIED (8. D	PATE OF BIRTH	9. AGE (In lost birt)		EAR IF UNDER 24 HRS.
duri	JAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN ing most of working life, eyen if retired)	NESS OR INDUSTRY	Have d	er foreign country)	ned 12. CITIZET	LISIA.
13. FATH	WILLIE PERKIN	5	4. MOTHER'S MAIDEN NA	tra B	ROW-	\mathcal{U}
	DECEASED EVER IN U. S. ARMED FORCES? or unknown) (If yes, give wor or dates of service)	TY NO. 17. INFO	Sandra C	Erkins H	Address 620	treedoned
Co	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO proditions, if ony, which type rise to immediate (b)	1111	electasis			INTERVAL BETWEEN ONSET AND DEATH
lyii	USE (a), stating the <u>under</u> . DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T DELATED TO THE TERMIN	JAI DISEASE CONDITIO	ON GIVEN IN PART 1	al le WAS AUTOPSY
ICATION						PERFORMED? YES NO
≃ OR	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED. (I	Enter noture of injury in Po	ort I or Port II of item	18.)	
WEDICAL 20c.	TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURR Hour a. m. 19 While Not while of work of work	Factor	OF INJURY (Home, farm, ,, street, office bldg., etc.)		(Cou	nty) (State
	I certify that (I) (this haspital) attended the dece		1 5 , 19 th accurred at 4.49A	61, ta1 M. fram the caus		, that (I) (we) last ate stated above
220.	SIGNATURE T. Stansbur	J . M.D	ATTENDING MEI			22b. DATE SIGNED
22c.	PHYSICIAN'S NAME (Type) George T. Stansbu	<u> </u>	569 Revolu	tion St Ha	ore de Gre	ce, Md.
BEN	RIAL, CREMATION, 23b. DATE THEREOF 23c. NAME O MOVAL (Specify) 1/9/6/ Reed	Mothod	est Curiting	23d. LOCATION (City,	East Cel	il (State)
24. FUNI	ERAL DIRECTOR'S SIGNATURE ADDRESS	556 Lacr	250. RECO	BY RECUSTIVE 25b	REGISTRAR'S SIGN	ATURE Thomas

The Object of the Control of the Control William Carline Carlo Ball a Robert A Day

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	708	CERTIFICATI	E OF DEATH		1117112
	1. PLACE OF DEATH O. COUNTY HARFORD	MARYLAND 2	o. STATE	lived. If institution: Residence b. COUNTY	Foel)
	b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town)	2/200	c. CITY OR TOWN (If outside corpore	ate limits, write RURAL and give	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give or INSTITUTION HOPE HORIA)	1 11. P. + 1	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NOT
	3. NAME OF DECEASED (Type or print) N/N/E	Middle P	Lost 4. DATE OF DEATH	ANUARY	Doy Yeor 196/
	female White wi	DOWED DIVORCED]	Dec.12,1886	74 yrs. Months Day	
1	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign co	untry) 12. CITIZEN	OF WHAT COUNTRY?
1	none 13. FATHER'S NAME	none	Maryland 14. MOTHER'S MAIDEN NAME	U.	S.A.,
1					
ł	John P. Kamme 15. WAS DECEASED EVER IN U. S. ARMED FORCES		Ernesta Ulrich	Address	
	(If yes, give war or dates of service	0			a
ł	18. CAUSE OF DEATH [Enter only one couse		rge F. Pierce,	Joppa, Marylan	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b)	Lypertensive	Hemorrhag Cardiovas	cular and	ROBOTES AND DEATH ROBOTES 2 - C/40
	gove rise to immediate couse (a), stating the under- lying couse lost. Z	ONS CONTRIBUTING TO DEATH BUT NO	tio Cardioous.	CONDITION GIVEN IN PART 16	alle was AllTOPSY
	CATIC				PERFORMED? YES NO NO
		DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port	II of item 18.)	
	Hour o. m.		E OF INJURY (Home, form, 20f. (City ry, street, office bldg., etc.)	or town) (Cour	nty) (Stote)
	21. I certify that (I) (this haspital) a saw the deceased alive an AN.	ttended the deceased fram.		the causes and an the de	that (1) (we) last ate stated above.
	220. SIGNATURE WAZE C.	wooms M.	D. ATTENDING MED. DIRECTOR D	STAFF PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Edward	C. LOO, M.	Havre de	Grace,	and.
	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial Jan. 9, 1961	23c. NAME OF CEMETERY OR C		Oppa, Harford.	
	24; EUNERAL DIRECTOR'S SIGNATURE	Abingdo	on, Md., DATE JAN 1 1 '6	RAR 256. REGISTRAR'S SIGN	ATURE

the real states of the states Curates that Same Line of the contract of the co John J. Karatar Tomber J. C. C. C. C. J. the Art of the State of the Sta 30-01 Jen., Joseph John Statement, Lengton Joseph Lengton, North Committee and Committ With the state of the state of

VS A1S (4) 15M 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	709		CERTI	FICA	ATE OF D	EATH			Reg.	Dist. No	. (070
1. PLACE OF DEATH o. COUNTY			44.4.00	(LAND	2. USUAL RESID	ENCE (Whe	re decease	d lived. If inst	itution: Resid			sion)
	Harford					Maryl				Harfo		
b. CITY OR TOWN RURAL and give	(If outside carporate limi nearest town)	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR T	OWN (If ou	itside corpo	rate limits, wri	te RURAL on	d give ne	arest taw	n)
	Abingdon		42	vrs	X	Ab	ingdo	n				
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	jive street o	oddress)		d. STREET A	DDRESS			Belle		e. IS RES	SIDENCE FARM?
OK IIVSIII GII OI					Ca	lvary	Road			CALL		NO X
NAME OF	Fir	rst	Middle		Lost		4. DATE		Month	De	10	Year
(Type or print)	Tunit				Douglas	4.11	OF DEATH	_			7	19 61
. SEX	I S COLOR OR RACE		IED NEVER MARRI	60 T	Pouska 8. DATE OF BIRTH			9. AGE (In ye	ors IFUND	ER 1 YEAR	IF UND	ER 24 HRS.
							,	lost birthdo	Manth:		Hours	Min.
male	white	WIDOWE			July,2			-	yrs.			
during most of w	TION (Give kind of work orking life, even if retired	dane 10b.	KIND OF BUSINESS C	OK INDUS	STRY 11. BIRTHPL	ACE (State o	ir foreign co	Duntry)	12. (LIIIZEN C	OF WHAT	COUNTRY
Farmer			Proprietor	•		Czech				Ţ	J.S.A	1.,
3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	Alex Pousk	2			Unk	nown						
	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. H	NFORMANT				Address			
(Yes, no, or unknown)	(If yes, give wor or dates of s	-	20-34-7472		Anna Pou	ska		Δ	ingdo	n Ma	aryla	hand
	EATH [Enter only one co				iiiiid I ou			24.	722840		ERVAL BI	
	EATH WAS CAUSED BY:	L/	e 101 (0), (b), and (c).	11		1-	. 1.	W.1			SELAND	
157.6	IMMEDIATE CAUSE (o	1/1	perne	641	2 mon	1/5	7	ruidhe	-7		60 0	90
100	DUE TO	1	I with	me	15751)	100	liver	510-	of or A	Oth	· cr	
Conditions, if	1 (0)					v	1524				
gave rise to cause (a), statin									2-17/44		100	
lying cause las		1								013		
PART II. O	THER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	AL DISEAS	E CONDITION	GIVEN IN P	ART 1(a)	19. WAS PERFO YES	DRMED?
(IF EITHER, NOTI	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE). (Enter nature af	injury in Po	ort I or Por	t 11 of item 1B.)			
20c, TIME OF INJU	10	While	Not while	20e. PLA	ACE OF INJURY (Hotory, street, office	fame, farm, bldg., etc.)	20f. (City	or town)	21-24	(County)		(State)
₹ p. m	. 17	at wark				,			,			
21. I certify	that attended the	decease	d fram	24	, 19.5.4	, ta	124	19.	e_l_that	I last so	aw the	decease
alive on	Ja4, 7	, 19_(, and that	death	accurred at	3-53	M, fran	n the cause	es and an	the do	te stat	ed abav
			/					treet, city or to				ATE SIGNE
ACTUAL SIGNATURE	Villiam	h.	Typon	1	M.D	KI	กรรม	ille,	md.	7	241	9,19
PHYSICIAN'S NAME (Type)	William A.	Tyso	n			Kin	gsvil	le Mo	۱.,			
REMOVAL (Specif			22c. NAME OF CEM					TION (City, tov			(Stor	
Burial	Jan 11	1901	St. Fr	anci	8			gdon, I			Md.	
3. FUNERAL DIRECTO	10 711/	(h		1/	7 2	24a. REC'D		- 4	EGISTRAR'S			
Howard	11. 111000	Men XI	Abingdon	Mary	land.	DATE JA	MITT	61	aring	S. Tho	LUG.	

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no De la re	C	· OFFICE ROOM	97-7-5-2-2		
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	- e	()	elomme.J		31.
			whall nebauldel		

CEPTIEICATE OF DEATH

66765

		CERTIFICA	IL OI DEAII			Reg. Dist. No	
1. PLACE OF DEATH o. COUNTY	arford	MARYLAND	2. USUAL RESIDENCE (Who. STATE Mary		b. COUNTY	n: Residence before Harfor	
B. CITY OR TOWN RURAL and give r Rural	(If outside corporate limits, write learest town) Norrisville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate ti Norris		JRAL and give ne	corest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give stre		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JEFF	Middle	PRICE	4. DATE OF DEATH	Jan.	26,196	y Year
5. SEX Male	White wood	OWED TO DIVORCED	DATE OF BIRTH Jan.17,1875	88	birthday) yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATI during most of wor Labore	king life, even if refired)	Ob. KIND OF BUSINESS OR INDUST General	North Car			12. CITIZEN O	OF WHAT COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN N				
Charles P			Sarah Ja	ne Spears	3		
1S. WAS DECEASED EV (Yes, no. or unknown) NO	(If yes, give wor or dates of service)		ormant rs. Harry Al	loway,Fav	vn Gro		nna.
Conditions, if a gave rise to couse (a), staling lying cause last.	Ihe under-	IS CONTRIBUTING TO DEATH BUT N	or selater to the result	1 2		nate	19. WAS AUTOPSY
<u> </u>		ESCRIBE HOW INJURY OCCURRED.				EN IN PART I(0)	PERFORMED?
20c. TIME OF INJUING Hour a. jr.	RY Month, Day, Year 20d Wh		E OF INJURY (Home, form, ry, street, office bldg., etc.	20f. (City or to	wn)	(County)	(State)
ACTUAL SIGNATURE	orman H. Gemmi	den mill M.	10.00	M, from the	causes a	nd an the do	aw the decease the stated above DATE SIGNI
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR OM! t Olivet Met.		22d. LOCATION (r county) , Wash.C	(State)
23. FUNERAL DIRECTOR		ADDRESS Stewartstown		BY REGISTRAR	24b. REGIS	TRAR'S SIGNATU	RE

TO HOSPITAL RATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours, after death. Page 4 may be referred by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 3, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed—with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/55

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death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by 775 funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban popers. Pages 1 and 2 should be filed with the State Board of Health, prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs,

TO HOSPITAL

VR A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

A						
PLACE OF DEATH	Harford	MARYLAND	2. USUAL RESIDENCE (WI	nere deceased lived. If institution b. COUNTY		
RURAL and give near Aberdeen		l yr,3 mos	26 Aberdee			learest tawn)
OK INSTITUTION	(If not in haspital, give street rdeen Proving	•		th Enl Trng.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	RAFAEL	Middle TORRES	RIVERA	4. DATE Mor		28 1961
Male	White widow	RRIED NEVER MARRIED	8. DATE OF BIRTH Sept 29, 193	10st birthday) 22 yrs.	Manths Days	AR IF UNDER 24 HRS
Soldier	g life, even if refired)	US Army	Puerto R	Lco	12. CITIZEN O	OF WHAT COUNTRY
13. FATHER'S NAME	(D		14. MOTHER'S MAIDEN			
Unknown				(Deceased)		
Yes Octased EVER (Yes, no. or unknown)	yes, give war or dates of service)	8. SOCIAL SECURITY NO. 17. II		Records, Aberd	eenProvi	
PART I. DEATH	I (Enter anly one cause per I WAS CAUSED BY: MMEDIATE CAUSE (a)	line for (a), (b), and (c).] njuries, multiple	le, extreme		10	NTERVAL BETWEEN NSET AND DEATH
Canditians, if any gave rise to immediate (a), stating the lying cause last.	nediate (b)	ing struck by	train			DOA
		CONTRIBUTING TO DEATH BUT			VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
		scribe how injury occurre uck by Pennsy I				
20c. TIME OF THURY DOWN P. m.	Jan 28 61 Whil	e Nat white fa	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc. nsy RR Station	.) !	(Count)	y) (State
saw the deceosed		nded the deceosed from	28 Jan , 19	61, to 28 Jan M, from the causes ar		that (I) (we) los te stated above
20. SIGNATURE	B. Bryan (0	M.D. PHYS. DI	ED. STAFF RECTOR PHYS.	Jan	22b. DATE 28, 1961
PHYSICIAN'S NAME (Type)	OME B. BRYANT	JR., Lt. Col.,		Army Hospital Proving Ground		nd
23a. BURIAL, CREMATION, REMOVAL (Specify)		23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, San Juan, Pue	ar caunty)	(State)
24. FUNERAL DIRECTOR'S		ADDRESS		D BY REGISTRAR 2Sb. REGI	STRAR'S SIGNAT	URE
Wm. Cook-Blig	ght, Inc., 6009	Harford Rd., Ba:	Ito.14. DATER	6 '61 au	Lucy & Krass	A

Titled **- He brevial hardensk being all bearing the transfer of the bearing the transfer transfer the bearing the bearing and the second control of the second A code corrected the same (Burnespell | Depended Agodga Hotels sated sulvering being absolute ingills was 200 to hear to make the being the sate of the s Sterrich Collision seminist Collision of the Sterrich Seling stronte Wilself The little country by Femaly by Bearinger walks Can Devel by the no street a matter of the value of the late of th turb as the same of the second to I sealing the samples of the trail bound nakyr from bounda till a for real 1987 in The a month

VS A15 (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

712

CERTIFICATE OF DEATH

Reg. Dist. No. C707

	PLACE OF DEATH o. COUNTY Harford	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY								
	b. CITY OR TOWN (If autside corporate limits, wr RURALand give nearest town)	26 YEARS	3 c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)								
	d. NAME OF HOSPITAL (If not in hospital, give store INSTITUTION Living L	eet oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D								
3.	NAME OF DECEASED (Type or print)	J Rutko	Lost 6. DATE Month Day Yeor DEATH Tankay 3 196/								
L	N WID	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 31, 1907 9. AGE (In years lost birthday) 53 yrs. FUNDER 1 YEAR IF UNDER 24 HFS. Months Days Hours Min.								
100	i. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Army	U. S. Gout.	13. BIRTHPLACE (State or foreign country) SCRAWON, PENNSYLVANIA U.S.A.								
13.	FATHER'S NAME Joseph Rutkowski		Catherine (Unknown)								
	WAS DECEASEDEVER IN U. S. ARMED FORCES? 1. no. or unknown) (If yes, give wor or dates of service) World War II.		informant (wite) Address 207 Victory LANE 3.01 VE NOONAU Rutkowski Bd Air, Maryland								
CERTIFICATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise ta immediate couse (o), stating the under- lying couse last. PART II. OTHER SIGNIFICANT CONDITIO	nd old night previous hemalie bear	Lus with lefotheruplezio ONSET AND DEATH beniplezio secondos t chiere with mityl Adam called to the TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO								
MEDICAL CERTIFI	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20 Hour o.m. W	d. INJURY OCCURRED 20e. PL	D. (Enter nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)								
	21. I certify that I attended the deceased fram										
	BURIAL, CREMATION, PERMOVAL (Specify) BURIAL THEREOF	BEL ATTMEMOR	"Al GARDENS BELAS", HAR ford Con Maryland								
23.	FUNERAL DIRECTOR'S SIGNATURE	dway williams	St. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JAN 5 '61 Orthug 8. Kraus								

	HTARURO ST.	ADMINIO	
Ass San			E LA CALLADA DE LA CALLADA
			STATE OF THE PERSON NAMED IN COLUMN 2 IN C
The state of the s			

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 713 CERTIFICATE OF DEATH

	PLACE OF DEATH	arford	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		f institution: Residence	before admission)
1	RURAL and give neare	st town	c. LENGTH OP STAY IN 16	c. CITY OR TOWN (IF o	11	s, write RURAL and giv	ve nearest town)
	1000	(If not in hospital, give street	alles P	d. STREET ADDRESS	1	07X	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Baku	Middle	Sa Last	4. DATE OF DEATH	Month	Day Year 9 19 6
5.	SEX 6	COLOR OR RACE 7. MARI	RIED NEVER MARRIE	B. DATE OF BIRTH	9. AGE (lost b)	41 4 4	YEAR IF UNDER 24 HRS. Doys Hours Min.
100	. USUAL OCCUPATION during most of working	(Give kind of work done 10b.	MONE	STRY 11. BIRTHPLACE (Stofe	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
1	FATHER'S NAME	nacl So	lyer	14. MOTHER'S MAIDEN D	ladg1	ine B	ach
1S.		N U. S. ARMED FORCES? as, give war or dates of service)	Morre 17.1	NFORMANT		Address	Anteres
	PART I. DEATH	ediote DUE TO	ne for (o), (b), ond (c).]	sturity			INTERVAL BETWEEN ONSET AND DEATH
IIFICATION	20a. ACCIDENT WAS U	INDERLYING [] 20b. DES	CONTRIBUTING TO DEATH BU				1(o) 19. WAS AUTOPSY PERFORMED? YES NO
AL CERTIFI	OR CONTRIBUTING []	CAUSE OF DEATH DICAL EXAMINER)					
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. I While of wor	_ Not while _ fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(Co	ounty) (Stote)
	21. I certify that (saw the deceased 220. SIGNATURE 222. PHYSICIAN'S NAME (Type)		ded the deceased fram. 1961, and that	death accurred at 5 P		uses and an the	That (H) (we) last date stated abave. 22b. DATE SIGNED
230	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME) OF CEMETERY C	OR CREMATORY	23d. LOCATION (Cit	y, town, or county)	(Stote)
20	FUNERAL DIRECTOR'S S	1	ADDRESS Show	Md. 25g. REC'	D BY REGISTRAR 2	Chilling S. Ku	
-	201/21	4xVI					

MINIST SQUITADRITUDE BEE

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 714 CERTIFICATE OF DEATH

1	o. COUNTY Harfo	rd		MAR	YLAND		SUAL RESIDEN	ryla		lived. If inst b. COU	NITV	ence befor	re admissi	on)
	b. CITY OR TOWN (If RURAL ond give ne Aberd	autside corporote lim arest tawn)	ts, write	c. LENGTH OF STAY	IN 1b	X	CITY OR TOV	VN (If a	1	rate limits, wr	ite RURAL ond	give ne	arest town	
	d. NAME OF HOSPITA OR INSTITUTION Hospital Ab				<i>U</i>	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOX								
	B. NAME OF DECEASED (Type or print)	Fii KAF	-	Middle LYNN		SAN	Lost PANGELO)	4. DATE OF DEATH	_	Month nuary	2		ear 9 61
Ī	5. SEX			RIED NEVER MARRI			E OF BIRTH	1 ~	262	9. AGE (In ye	ears IF UNDE		IF UNDE	R 24 HRS.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) N/A N/A N/A N/A Naryland									L961 or foreign co			TIZEN OI USA	F WHAT CO	55 DUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME														
	Dominick Rocco Santangelo Pamela Lydia Rees												4.1	
1S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) NO N/A None Father Address Address 22 Ced. Edgewo											ar S	treet Maryl		
		n mediote	Pro	ne for (o), (b), and (c) ematurity	.]								ERVAL BET	DEATH
đ	CATIO	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE								RT 1(a)	PERFOI YES	RMED?
	OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour a. m. p. m.	MEDICAL EXAMINER)	ar 20d. 11 While of war	NJURY OCCURRED Not white t of work			F INJURY (Hostreet, office b			or town)		(County)		(Stote)
		ATTENDING MED. STAFF PHYS. M.D. PHYS. DIRECTOR PHYS. M.D. PHYS. DIRECTOR Jan 24, 1961												
	23a. BURIAL, CREMATION BEMOVAL (Specify)	LCOIM MCLE N, 23b DATE THEREC Jan. 26/		APT MC 23c. NAME OF CEN POST L	AETERY C	OR CRE	ry		an w	round, TION (City to	wn, or county	Bent	(State	ud.
	John 9. 80	Priving -	abe	ADDRESS	TUN	6.	/	ATE	AN 3 0	RAR 2Sb.	Carthun			
	20502	RIXVO							- 200					12

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COTIO

a. COUNTY	Harford	MARYLAND	o. STATE Maryla			Harfor		sion)
b. CITY OR TOWN RURAL and give	If outside corporate limits, v	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corpor	rate limits, write R	URAL and giv	e nearest law	n)
	Aberdeen	1 day	A Havre	De Gra	ace			
d. NAME OF HOSP OR INSTITUTION Aberdeen	TAL (If not in hospital, give US Army Hos Proving Gro	street address) pital und. Maryland	d. STREET ADDRESS	lson S	Street		I ON A	SIDENCE A FARM? NO
NAME OF	First	Middle	Last	4. DATE	Man	th	Day	Year
(Type or print)	CHARLES	VICTOR	SAVAGE	OF DEATH	Jar	nuary	3	1961
i. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UND	
Male		DOWED DIVORCED	November 3.	1911	last birthday)	Months D	ays Haurs	Min.
and the second second	INTIT OG	10b. KIND OF BUSINESS OR IND			40	12. CITIZE	N OF WHAT	COUNTRY
during mast af wa	king life, even if retired)							
Soldier 3. FATHER'S NAME	SFC	U. S. Army	Marklaysbu		enna.	USA		
S. FATHER S NAME	,		14. MOTHER 5 MAIDEN N	IAME				
		Eli Savage	Minnie V.	Nicklo				
 WAS DECEASED EV (Yes, no, or unknown) 	ER IN U. S. ARMED FORCES (If yes, give war or dates of service		INFORMANT		Add	ress		
Yes	July 1942 to	10-1	fficial US Arm	v Reco	ords. Abe	erdeen	Provin	g Gr
18. CAUSE OF DE	ATH Enter only one couse	per line for (a), (b), and (c).	STRIC HEHORRIHA	Me Ma	aryland		INTERVAL 8	ETWEEN
PART I DE	ATH WAS CALISED BY	. 0.34	TIRIC MEHOERITA	0-5-4			ONSET AND	DEATH
I ANI I. DE	ALL WAS CAUSED BI:	Diagocting	Antic Angury	combin	MASSIVE)		DEATH
611	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Dissecting	Aortic Aneury	STOPHE	MASSIVE)	Undet	, DEATH
54	O DUE TO	Dissecting	Aortic Aneury	-BILLINC		(2)		, DEATH
54 Canditions, if	DUE TO	Dissecting Unknown/k	GASTRIC VILE	-BILLINC		0(7)		
Canditions, if gave rise to cause (a), stating	DUE TO	Unknown/k	Aortic Aneury	-BILLINC		0(3)		
Canditions, if gave rise to cause (a), stating lying cause last	DUE TO	Dissecting Unknown/k	Aortic Aneury	-BILLINC		0(3)		DEATH
Canditions, if gove rise to cause (a), stating lying cause last	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO Cony, which the under. The under to the u	Unknown La	GASTRIC UICE	K, REA	FORATIO		Undet	
Canditions, if gave rise to cause (a), stating lying cause last PART II. O' OR CONTRIBUTION	DUE TO DUE TO DUE TO DUE TO CO DUE TO CO		GASTRIC UICE	NAL DISEASE	FORATION GIVE		Undet	AUTOPS) DRMED?
Canditions, if gave rise to cause (a), stating lying cause last PART II. O' 20a. ACCIDENT WORK OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJURY	DUE TO DOT, which immediate the under. HER SIGNIFICANT CONDITION AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Year	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURION 20d. INJURY OCCURRED While Not while	GASTRIC UICE	NAL DISEASE	FORATION GIVE CONDITION GIVE III of item 18.)	EN IN PART 1	Undet	AUTOPS) DRMED?
Canditions, if gave rise to cause (a), stating lying cause last PART II. O' O' O' O' O' O' O' O' O' O' O' O' O' O' O	DUE TO DAY, which immediate the under. HER SIGNIFICANT CONDITION AS UNDERLYING CONDITION AS	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURIED 20d. INJURY OCCURRED While Nat work at work at work	TASTRIC UICE, UT NOT RELATED TO THE TERMI RED. (Enter nature of injury in Infoctory, street, office bldg., etc.)	NAL DISEASE Part I ar Part	E CONDITION GIVE III of item 18.)	'EN IN PART I	Undet (a) 19. WAS PERFC YES X	AUTOPS' DRMED? NO
Canditions, if gave rise to cause (a), stating lying cause last PANT II. O' 200. ACCIDENT WOOR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJUHAUM a.m. p. m. 21. I certify th	DUE TO DUE TO DUE TO DUE TO CC) HER SIGNIFICANT CONDITI AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER RY Month, Day, Year 19 at (1) (this haspital) of	ONS CONTRIBUTING TO DEATH BUT ON TO DEATH BUT	TASTRIC UICE, UT NOT RELATED TO THE TERMI RED. (Enter nature of injury in Infactory, street, office bidg., etc.) January 2, 19	NAL DISEASE Part I ar Port 1, 20f. (City 61 to	E CONDITION GIVE III of item 18.) ar tawn) Jamuary	(Co.	Undet (a) 19. WAS PERFC YES X	AUTOPS DRMED? NO [(State
Canditions, if gave rise to cause (a), stating lying cause last PART II. O' 200. ACCIDENT WOOR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJUHAUM a.m. p. m. 21. I certify th	DUE TO DUE TO DUE TO DUE TO CC) HER SIGNIFICANT CONDITI AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER RY Month, Day, Year 19 at (1) (this haspital) of	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURIED 20d. INJURY OCCURRED While Nat work at work at work	TASTRIC UICE, UT NOT RELATED TO THE TERMI RED. (Enter nature of injury in Infactory, street, office bidg., etc.) January 2, 19	NAL DISEASE Part I ar Port 1, 20f. (City 61 to	E CONDITION GIVE III of item 18.) ar tawn) Jamuary	(Co.	Undet (a) 19. WAS PERFC YES X	AUTOPS) PRMED? NO [(State
Canditions, if gave rise to cause (a), stating lying cause last PART II. O' 200. ACCIDENT WOOR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJUHAUM a.m. p. m. 21. I certify th	DUE TO DUE TO DUE TO DUE TO CC) HER SIGNIFICANT CONDITI AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER RY Month, Day, Year 19 at (1) (this haspital) of	ONS CONTRIBUTING TO DEATH BUT ON TO DEATH BUT	TASTRIC UICE UI NOT RELATED TO THE TERMI RED. (Enter nature of injury in Information of Injury (Home, form factory, street, office bldg., etc.) January 2. 19 death accurred at 9:5	NAL DISEASE Part I ar Part 1, 20f. (City 61. ta	E CONDITION GIVE III of item 18.) ar tawn) Jamuary	(Coo. 3, 19.61	Undet (a) 19. WAS PERFC YES unty) that (I) (date stated	AUTOPS: DRMED? NO [(State State S
Canditions, if gave rise to cause (a), stating lying cause last PART II. O' O' O' O' O' O' O' O' O' O' O' O' O' O' O	DUE TO DUE TO DUE TO DUE TO CC) HER SIGNIFICANT CONDITI AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER RY Month, Day, Year 19 at (1) (this haspital) of	ONS CONTRIBUTING TO DEATH BUT ON TO DEATH BUT	TASTRIC UICE UI NOT RELATED TO THE TERMI RED. (Enter nature of injury in Information of Injury (Home, form factory, street, office bldg., etc.) January 2. 19 death accurred at 9:5	NAL DISEASE Part I ar Part 1. 20f. (City 61. ta	E CONDITION GIVE III of item 18.) ar tawn) Jamuary the causes an	(Coo. 3, 19.61	Undet (a) 19. WAS PERFC YES unty) that (1) (date stated	AUTOPS: DRMED? NO [(State State S
Canditions, if gave rise to cause (a), stating lying cause last PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJUMENT OF INJUMEN	DUE TO DOIN, which immediate the under. CC) HER SIGNIFICANT CONDITI AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Year 19 at (I) (this haspital) are used alive an Jan	DONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While at work and that	CASTRIC UICE UIT NOT RELATED TO THE TERMI RED. (Enter nature of injury in Infactory, street, office bldg., etc.) January 2. 19 death accurred at 9.5 M.D. ATTENDING MIPHYS. DI 22d. ADDRESS	NAL DISEASE Part ar Part 20f. (City 10 10 10 10 10 10 10 10	E CONDITION GIVE II of item 18.) ar tawn) Jamuary the causes an	(Co. 3, 19.61 ad on the c	Undet (a) 19. WAS PERFO YES unty) ., that (I)	AUTOPS: DRMED? NO [(State State S
Canditions, if gave rise to cause (a), stating lying cause last PART II. O' 20a. ACCIDENT WOOR CONTRIBUTION (IF EITHER, NOTHER) 20c. TIME OF INJUMENT A. m. p. m. 21. I certify the saw the deceed 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	DUE TO DUE TO DUE TO DUE TO DUE TO CO DUE TO	DONS CONTRIBUTING TO DEATH BUT OF THE PROPERTY	TANTE Anoury GASTRIC UICE UI NOT RELATED TO THE TERMI RED. (Enter nature of injury in Infoctory, street, office bldg., etc. January 2. 19 death accurred at 9:5 M.D. ATTENDING M. PHYS. 22d. ADDRESS US ARMY HO	NAL DISEASE Part ar Port 1, 20f. (City 61, ta FA Hom ED. SPITAI	E CONDITION GIVE III of item 18.) ar tawn) Jamuary the causes an	(Co. 3, 19.61 3 Jar een PG.	Undet (a) 19. WAS PERFC YES unty) , that (I) (date stated 22 nuary Mde	(State
Canditions, if gave rise to cause (a), stating lying cause last PART II. O' 20a. ACCIDENT WOOR CONTRIBUTION (IF EITHER, NOTHER) 20c. TIME OF INJUMENT A. m. p. m. 21. I certify the saw the deceed 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	DUE TO DON, which immediate the under. AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Year 19 at (I) (this haspital) at the diversity of the second of	DONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While at work and that	CASTRIC UICE UT NOT RELATED TO THE TERMI RED. (Enter nature of injury in Infoctory, street, office bldg., etc. January 2. 19 death accurred at 9:5 M.D. ATTENDING M. PHYS. 22d. ADDRESS US ARMY HO OR CREMATORY	NAL DISEASE Part I ar Part 1, 20f. (City 61, ta FA. Ham ED. RECTOR SPITAI 23d. LOCAT	E CONDITION GIVE II of item 18.) ar tawn) Jamuary the causes an	(Co. 3, 19.61 3 Jar een PG. or county)	Undet (a) 19. WAS PERFC YES unty) , that (I) (date stated auary Mde (Sta	(State

may be revained by the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, or removal, and is any event, within 72 haurs after death. TO HOSPITAL VR A1S (4) 1SM 9/S9

r death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

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TO HOSPITAL

VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 716

CERTIFICATE OF DEATH

Pag Dick Na

00711

		U							Reg. Dit	T. 140.	
1. PLACE OF DEATH a. COUNTY	Harford		MARYL		o. STATE	NCE (Where		l lived. If institution b. COUNTY		e before	
RURAL ond give no	If outside corporate limiteorest town)	ts, write	c. LENGTH OF STAY I			WN (If outs	side corpor	rote limits, write RI			
	AL (If not in hospital, g	ive street			d. STREET ADI		zewoo	u .			IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Fir Mary	st	Middle Elizabet	h	lost Schmid		DATE OF DEATH	Mont Jan	h	Day 20	Yeor 19 61
s. sex Female		7. MARR	HED NEVER MARRIE	B.	DATE OF BIRTH	1875		9. AGE (In years last birthday) 85 yrs.	IF UNDER Months	1 YEAR IF	UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of world none	king life, even if retired	dane 10b.	KIND OF BUSINESS OF		TY 11. BIRTHPLAC			ountry)	12. CITI		WHAT COUNTRY
13. FATHER'S NAME Charl	es Bangleso	lorf			14. MOTHER'S M	zabet		Baker			
1S. WAS DECEASED EVE		CES? 16.	social security no.		ORMANT Guy L.			Addr	wood	М	ld.,
Conditions, if o gave rise to it couse (o), stoting lying couse lost. PART II. OTHER	m mediote the under- (c)	arterial s			HE TERMINA	AL DISEASE	CONDITION GIV	EN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
O (IF ETHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter nature of i	njury in Por	rt 1 or Port	II of item 1B.)			المن الله
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	20d. It While of worl	Not while		E OF INJURY (Ho ry, street, office b		20f. (City	or tawn)	(C	aunty)	(Slote)
21. I certify the alive on J. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Ted O. Ho	196 10 a	ed from Jan	S death o	occurred at 2	3:300	LW T		nd on th		the decease stated abave DATE SIGNE
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 226. DATE THEREO	F	22c. NAME OF CEMEN		REMATORY		2d. LOCAT	ION (City, town, a	r county)	Mo w	(Stote)
23. ONERAL DIRECTOR			ADDRESS		2.	40. REC'D E	BY REGISTI	RAR 24b. REGIS	trar's sig	NATURE	

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FOR STATE HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 717 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

60712

Rea. Dist. No.

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		PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: F b. COUNTY	Residence before admission)
	Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL ond given porest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	outside corporate limits, write RURA	L and give nearest town)
79	D	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 0/+ Harford Menurch Hospital	d. STREET ADDRESS	High are.	e. IS RESIDENCE ON A FARM? YES NO
7		NAME OF DECEASED (Type or print) FYDNKLYN SIZE	o j	4. DATE OF Janear	2 Poy Year 19 6/
	5. S	M C WIDOWED DIVORCED .		921 39 yrs. Mont	IDER LYEAR IF UNDER 24 HRS. ths Days Hours Min.
	d	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR Surry Working file, even if retired! Been Industry	10101	or toreign country) Phia, Pa.	2. S. a.
	13.	Hatter Sizer	14. MOTHER'S MAIDEN	NAME Willia	ms
		WAS DECEASED EVER IN U. S. ARMED FOR \$25? No. or unknown) (If yes, give wor or do to of service) 16. SOCIAL SECURITY NO. 17. IN MA	FORMANT B. Quedrey	Sizer, Philade	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	pull		INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. (b) DUE TO (c)			
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO wellings wandlittle, R huma	ur, Rtif	tia Rebula	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	200. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (En	ev		
2	MEDICAL		E OF INJURY (Home, formery, alreet, office bldg., etc.	Beldin 4	(County) (Staly)
		21. I certify that I took charge of the remains described above opinion death resulted from: Natural causes , Accident	4	y, Inspection	quiry [], and in my
		ACTUAL SIGNATURE Devolt C Palmer	M.D. CHIEF MEDICAL E	XAMINER 3.0 AV	T W DATE SIGNED
		EXAMINER'S Geriold e Polmer M	ASSISTANT MEDICAL		1-1-61
		BURIAL (CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR C PREMOVAL (Specify) 1-7-61 Mr. Lawn	Cemetery	Relevare Ct	unty, Pa.
	23.	Telia a. Bullock, Have de Brace	on A DATE of	D BY REGISTRAR 24b. REGISTRAR:	a de cara

execute the Micate, writing the ward "pending" in pencil in Item, 18. Give Pages 1 4 should be forwarded to the Chief Medical Examiner's Office along with form PMI TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages or its designated agent, prior to burial, cremation, or removal, and in any event with TO DEPUTY A VS. AISME 5M 2/57

CAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is recessory, please ficate, writing the ward "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funerometer. Page warded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained your files. ECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, 3 agent, prior to burial, cremation, or removal, and in any event writing 72 hours after death.

TITE MEDICAL EXALINERS CERTIFICATE OF CLATH The second second second second

0 VS A15 (4)

15M 10/S7

Harford

Day

U.S.A.

Maryland.

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Days

e. IS RESIDENCE ON A FARM? YES NO M

Hours

Year

19 61

Reg. Dist. No.

INTERVAL BETWEEN ONSET AND DEATH instant PERFORMED? YES T NO K (County) (State) .that I last saw the deceased M, from the causes and an the date stated above. 22d. LOCATION (City, tawn, or caunty) (Stote) Army Chemical Center. Md. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Abingdon, Md., DATE JAN 3 0'61 Cirkhun S. Thank

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funeral director,

Pages 1

and in ony event, within 72 hours after death Then please remove carban papers.

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus

(State)

Md.

			719		CERT	IFICA	TE	OF DEATH	1				
	LACE OF DEATH D. COUNTY	rford	1		MA	RYLAND		SUAL RESIDENCE (V STATE Maryla)		lived. If institution b. COUNT			admission)
	RURAL and give	N (If outside ca e neorest town) ardeen		17	ength of ST		20	CITY OR TOWN (IF		ate limits, write	RURAL ond g	ive neare	st town)
	d. NAME OF HOS OR INSTITUTION OSpital	Aberdee	-			my Md	1 d	. street Address 717 Cam	bridge	Avenue			IS RESIDENCE ON A FARM? YES NO
- 1	NAME OF DECEASED (Type or print)	In	fant l		Mide	dle	SPC	ONT	4. DATE OF DEATH		nth luary	27 27	Yeor 19 61
S. S	ale	%. color		7. MARRIED [WIDOWED [NEVER MAR	RRIED X		uary 27,	1961	 AGE (In years lost birthdoy) yrs 	Months	Days I	UNDER 24 HRS Hours Min. 27
10a	. USUAL OCCUPA during most of v None	ATION (Give ki warking life, ev	nd af wark d en if retired)	ane 10b. KIND		OR INDU	STRY 1	1. BIRTHPLACE (Stor		untry)	US.		VHAT COUNTRY
13.	3. FATHER'S NAME					MOTHER'S MAIDEN							
(Yes	M. Lawre WAS DECEASED I, no, or unknown) No	EVER IN U. S.			IAL SECURITY I		Lo NFORM a the		Lac howl	75		2.4	ge Avenu
	1B. CAUSE OF PART I. I	DEATH WAS C	AUSED BY: E CAUSE (0)		turity	(c).]			171				hrs 27
	Canditions, i gave rise to couse (o), stoti lying couse lo	immediate	DUE TO (b). DUE TO (c)										
CATION	PART II.	OTHER SIGNIF	CANT CON	DITIONS CONT	RIBUTING TO	DEATH BUT	NOTE	RELATED TO THE TER	MINAL DISEASI	CONDITION G	IVEN IN PART		WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	ING 🔲 CAUSE	OF DEATH!	20b. DESCRIBE	HOW INJURY	OCCURRE	D. (Ent	er noture af injury i	n Part I or Port	II of item 1B.)			
MEDICAL	20c. TIME OF IN Hour a. p.	m.	Day, Yeo	r 20d. INJUR While at work [Y OCCURRED Not while of wark			F INJURY (Home, fa treet, office bldg., e		or town)	(0	County)	(Stote
								uary 27, 1 accurred at 7.	100				
	22o. SIGNATURI	Mark	Egis	rens	tein	• ,	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	27	Jan	22b, DATE SIGNED
	22c. PHYSICIAN NAME (Typ	e)	EISENS	TEIN Ca	apt MC					Hospital		aryla	and

23c. NAME OF CEMETERY OR CREMATORY

Post Cemetery

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. the State Board of Health prior ta burial, cremation, or remaval, TO HOSPITAL

d by the hospital ar attending physician

VR A15 (4) 1SM 9/59

BURIAL, CREMATION, REMOVAL (Specify) Burial

Tarring Aberdeen, Md.

23b. DATE THEREOF

250. REC'D BY REGISTRAR FEB 2 '61 25b. REGISTRAR'S SIGNATURE

Aber.

23d. LOCATION (City, tawn, ar county)

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VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00715

			2. USUAL RESIDENCE	E (Where decease			before admission)			
o. COUNTY	larford	MARYLAND	o. STATE Mar	o. STATE Maryland b. COUNTY Harford						
b. CITY OR TOWN RURAL and give r	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corpo	prote limits, write	RURAL ond give	nearest town)	7-9		
A	berdeen	2 days	X Edge	Edgewood						
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	oddress) US ARMY	d. STREET ADDRI	SS	0	1	e. IS RESIDENO	CE A?		
HOSPITAL A		GROUND, MD	Star	Route	Box	25H.	YES NO			
3. NAME OF DECEASED (Type or print)	First ANTHONY	Middle WTT.T.T.A.I	Lost M STEENTS	4. DATE OF DEATH	Mo Janua		Day Yeor	61		
S. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED			9. AGE (In years	IF UNDER 1 Y	EAR IF UNDER 24			
Male	White widow	ED DIVORCED	January 9	1961	lost birthdoy) yrs	Months Do	ys Hours M	lin.		
	ON (Give kind of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN	OF WHAT COUN	TRY?		
None	iking tite, even it terred)	None	Marylan	nd		USA				
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME				1116		
Frank Wa	lter Steenis		Ramona Ge	ertrude	Turv					
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? 16.		INFORMANT Father		Ŝŧ	ar Rout	e Box 22	-A		
IR CAUSE OF DE	ATH [Enter only one couse per li	1.0110	rautor		EC		Marylan			
	ATH WAS CALISED BY	pnea neonatori	2000				ONSET AND DEA			
Conditions, if gove rise to couse (o), stoting lying couse lost.	immediate DUE TO	rematurity	UT NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION G	VEN IN PART 10	o) 19. WAS AUTO	DPSY		
OL VALUE					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	PERFORMED YES NO	7		
(IF EITHER, NOTIFY	NONE (AS UNDERLYING 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURP	RED. (Enter noture of inju	ery in Port I or Po	rt II of item 1B.)			LAL		
YOUR HOUT O. m. p. m.		Not while f	PLACE OF INJURY (Home foctory, street, office bld		y or town)	(Cou	inty) (S	itote)		
21 I certify th	at (X (this haspital) attend							ave.		
saw the deced	ased alive an 11 Janu	ary 1201 and that	dedili decorred di			na an me a		V.F		
	lomas J. THOMAS J FRAHER	Traherm	ATTENDING PHYS.	MED. DIRECTOR [STAFF PHYS.	ABERDER	22b.DAT	NED		

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722 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exe-TO DEPUTY CLAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the certained state of the chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation, 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH b. COUNTY a. STATE MARYLAND

66717

Reg. Dist. No.

b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate limits, write RU	JRAL and give nearest tawn)
Danlington Rural Site Danlington	Rural
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	YES NO
3. NAME OF DECEASED (Type or print) Hubert Shepherd Thompson DEATH Javas	2 8 19 61
The state of the s	Apollis Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane of the during most of working life, even if retired) 1. BIRTHPLACE (State or foreign country) 1. BIRTHPLACE (State or foreign country) 1. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	
Flygod thompson Pearliveil	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/SOCIAL SECURITY NO. 17. INFORMANT (Yengng of unknown) (If yes, give wor or doles of service)	1 1 1
985 218-09-3417 Mrs. Alice Thompson Da	rlington Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Coronaus occupation	ONSET AND DEATH
4 3 Cal DUE TO	
Canditians, if any, which) (b)	
gave rise to immediate cause (a), stating the underlying DUE TO	
cause last. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 20a. EXTERNAL CAUSE WAS PRIMARY are CONTRIBUTING COURSED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) While Nat while at wark at wark	(Caunty) (State)
21. I certify that I taak charge af the remains described above, held an Autapsy . Inspection .	Inquiry , and find that
death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined ca	use .
ACTUAL LEVALU C Palmer M.D. CHIEF MEDICAL EXAMINER [DATE SIGNED
EXAMINER'S GETUIN EPOIN ET MD. ASSISTANT MEDICAL EXAMINER BEL,	Air, nd
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or REMOVAL (Specify) 1-11-61 Southern Cem. Dublin	county) (State)
	PAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(S) 5M 9/55

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND AMEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) 1. PLACE OF DEATH director, Page or your files. oard of Health, a. COUNTY e. STATE b. COUNTY Harford Maryland Harford MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) may be retained for your 2 with the State Board of Abardeen Aberdeen d. NAME OF HOSPITAL R INSTITUTION of in hospitel, give street address STREET ADDRESS a. IS RESIDENCE R.D. #2 s f, 2, and 3 to the funeral d age 5 may be retained for 1 and 2 with the State Boar 72 hours after death... ON A FARM? Agreement Laneway YES NO X Agreement Laneway 90 NAME OF Middle Last DATE Month Day Year DECEASED OF (Type or print) TTMMS DEATH 16 61 EDWARD January 19 JAMES 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Devs Male White WIDOWED DIVORCED T March 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 done during most of working life, aven if retired Laborer Mason Contractor U.S.A Tennessee within pages N3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Kyle Emily Ward 9 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give war or dates of service) 11-112-8891 Yes George W. Timms, R.D. Aberdeen, Md. any MEDICAL EXAMINES: This certificate should be executed INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), burial-transit p Examiner's Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY Stab Wound of Chest. IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which (b) geve rise to immediate cause "pending" 10 DUE TO (a), stating the underlying 38 10 pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 ease execute the certificate, writing the word NO I Medical plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Pert I or Pert II of itam 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Stabbed during altercation. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 its designated agent, prior to burn WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY fectory, streat, office bldg., etc.) While Not While Hour TOOK 19 61 Harford Md at work Home Aberdeen al work 10:00 p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident Suicide Homicide X Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED 200 ASSISTANT MEDICAL EXAMINER SIGNATURE /17/61 DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Charles S. Petty M.D. Add Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREON 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) Burial 61 Grove Cemetery 40 9 Aberdeen, O ā 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Tarring AD Wineral Home VS. A15ME DATE JAN 2 5 '61 Aberdeen. Md. arthur & Thous 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

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60719

	1. PLACE OF DEATH a. COUNTY ARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) HOW READ - CARE 49 Days	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If part in haspital, give street address) OR INSTITUTION HAR JORA MEMORIAL HISPITAL	d. STREET ADDRESS 1/2 PHYLLY VANIA ave. S. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Hannah Middle	To Ney 4. DATE Manth Day Year 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) 9. AGE (In years last birthday) Wanths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) How Yakur	Belan ma 45
1	13. FATHER'S NAME ENOS RICEPORER	14. MOTHER'S MAIDEN NAME RICE Chancey
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	230 N Bond St Bellew Mary
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	rombosio Distraction on the contract of the co
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary	remotises 28 kms
		Cascular Discon With ?
	gave rise to immediate cause (a), stating the under-lying cause last.	conorchage with othermplegicales
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum NO \(\frac{1}{2} \)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II af item 18.)
		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) (City ar tawn) (Caunty) (State)
	21. I certify that (I) (this haspital) attended the deceased frame saw the deceased glive an 21 1961, and that	May 1. 1954, to Jan 28 1961, that (I) (we) last death accurred at 35 M, from the causes and an the date stated abave.
	220. SIGNATURE Willard, P. Hudson	M.D. PHYS. STAFF SIGNED
	22c. PHYSICIAN'S NAME (Type)	Forest Hell ma
	23a BURIAL, CREMATION, 23b. DATE THEREOF, PREMOVAL (Specify) January 3/6/ June OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or cayilly) (State) Cl Belaw Harford Con Med
	Hoster Fun Home, Bellin Md.	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JAN 31 '61 Culius S. Kinna

and was the said the said THE RESERVE THE AND THE ADMINISTRATION OF THE PARTY OF TH To to the letter the

AME OF ECEASED (Type or print) AME OF ECEASED (Type or print) AMERICAL	IS RESIDENCE ON A FARM? YES NO Year 19 6 F UNDER 24 HR: Hours Min. WHAT COUNTRY
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Turner Death Death State of pirith Death State of pirith Death	19 6 / F UNDER 24 HR Hours Min. WHAT COUNTRY
6. COLOR OR RACE April 28, 1906 P. AGE (In years lay birthday) Manths Days House Manths	Hours Min. WHAT COUNTR O M. O S Gboy VAL BETWEEN T AND DEATH
ATHER'S NAME ATHER'S NAME CORGE HOMER. 14. MOTHER'S MAIDEN NAME FAMILE 14. MOTHER'S MAIDEN NAME FAMILE 14. MOTHER'S MAIDEN NAME FAMILE 15. MGTER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only ane couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 14. MOTHER'S MAIDEN NAME FAMILE 17. INFORMANT 220-207600 18. CAUSE OF DEATH [Enter only ane couse per line for (o), (b), and (c).] INTERV ONSET THE MASS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	S aboy
ATHER'S NAME GEORGE HOMER. 14. MOTHER'S MAIDEN NAME FAMMIE SINGLE 18 NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dotes of service) 20 - 207600 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 14. MOTHER'S MAIDEN NAME FAMMIE 5 1 4 2 18 Address Addr	VAL BETWEEN T AND DEATH
NO (If yes, give wor or dates of service) 220-207600 Carl, E. Tuttle (Same a) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Cere DRAL Hemorrhage 2 DUE TO	VAL BETWEEN T AND DEATH
33 PART I. DEATH WAS CAUSED BY: DEREDRAL HEMORRHAGE ONSET JULE TO	T AND DEATH
Canditions, if any, which gove rise to immediate cause (a), stating the under-lying couse lost. (b) Pententel SIVE DUE TO	7-
	WAS AUTOPS PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Doy, Year Hour o. m. 19 20d. INJURY OCCURRED While Not while of work of work of work 19 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) foctory, street, affice bldg., etc.)	(Stat
21. I certify that (I) (this hospital) attended the deceased from 19.1, to 19.1, that sow the deceased alive on 19.4, and that death occurred at M, from the causes and on the date st	stated above
22c. PHYSICIAN'S NAME (Type)	SIGNE
Irvin L. Wachsman, M.D. 40/ S. Union Ave. Havre de	
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Burial 1/9/61 Bel Air Memorial Gardens, Bel Air, Md.	(Stote),VIQ
SUNERAL DIRECTOR'S SIGNATURE Tarring ADD Prineral Home 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Aberdeen, Md. DAJEN 1 U'61 Cuting 2. House	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur may be retained by the haspital ar attending physician. TO HOSPITAL

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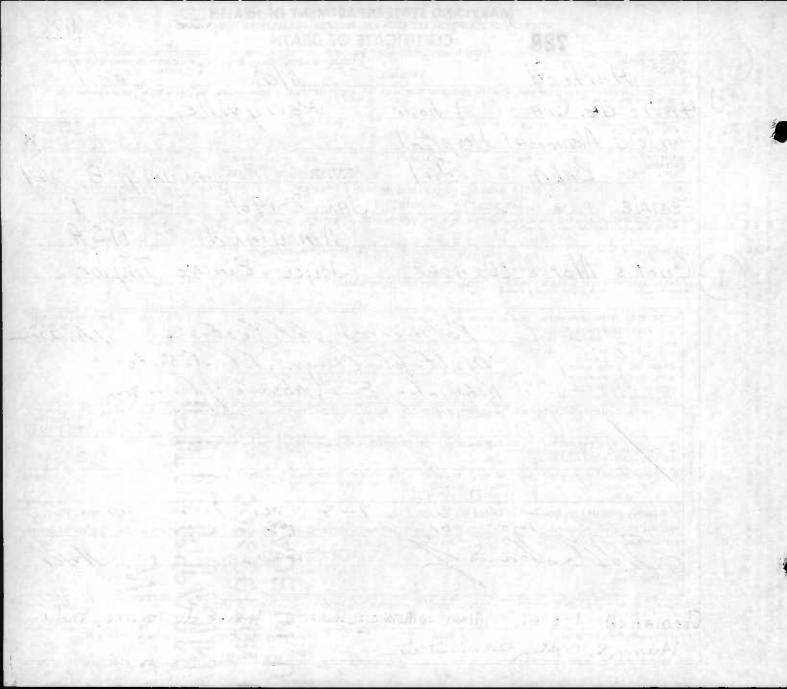
24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/5B

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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1, PLACE OF DEATH a. COUNTY

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-	be retained by the haspital ar attending physician.	JERA	3 she	egistror prior to burial, cremation, or remayal, and in any event within 72 hours often death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 729 **CERTIFICATE OF DEATH** Reg. Dist. No. 60724 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTHARFORD Harford MARYLAND b. CITY OR TOWN (If autside corporate limits, write | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

"Rufel"Be	I ATT		2yrs.	X	Rural	Py	lesvil	lle		Op.		
d. NAME OF HOSPITA	AL (If not in hospital, g Bynam Road	ive street ad	dress)		d. STREET	ADDRESS			TIE			FARM?
3. NAME OF DECEASED (Type or print)	Fir CHARLOTTE	A .	Middle	WHEE		ost	4. DATE OF DEATH	Mon Janu		Do 15		Year 1967
5. SEX	6. COLOR OR RACE				DATE OF BIR			9. AGE (In years last-birthday)		Doys		R 24 HRS.
Female 10a. USUAL OCCUPATIO	White N (Give kind of work	WIDOWED.		_	Apr. 7	,	or foreign co	yrs.	12. CI			COUNTRY
Housewif	ing life, even it refired					ryland		16#A		USA		
13. FATHER'S NAME William	n A. Hope			1		's MAIDEN N Saran						
15. WAS DECEASED EVER	IN U. S. ARMED FOR		CIAL SECURITY NO				-4	Adde				
No			None		nn A.	Webste	r,Jr.	Pylesvil	Lle,R	D, Md	•	
Conditions, if on gove rise to in cause (a), stoling t lying couse last.	he under-	Coro	nary Thro	ombosi ascula	r dise					30	1/ ?"	DEATH
CAT	ER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH		BE HOW INJURY O						EN IN PAR	RT 1(o) 1	PERFO	RMED?
	MEDICAL EXAMINER)											
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. INJU While at work [Not while of wark	20e. PLACE factory	OF INJURY	(Home, form, ce bldg., etc.	20f. (City	or lown)	(1	County)		(State)
ACTUAL SIGNATURE	of I attended the 15.	rd /	D. Dece	death ac	curred a	12:25 r	M, fram	, 19 <u>61</u> the causes a eet, city or town,	ind an t	he dat	e state	d abave
22a. BURIAL, CREMATION REMOVAL (Specify) BUTIEL		F 2	St. Mary					ION (City, town, o		d Co	(Stot	1.
23. FUNERAL DIRECTOR'S	SIGNATURE	. Ste	ADDRESS	in. Pe	una		BY REGISTR		Chun S.			

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITA

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	1. 1	PLACE OF DEATH, o. COUNTY / A Q F G A A MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)				
10	1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH QF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	e nearest town)				
1)	11	RURAL and give/neorest town	United Gloore X					
	#	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE				
71	1	PARFORD MCMORIAL HOSPITAL	Rt 1 Box 48	ON A FARM? YES NO				
	3.	NAME OF First Middle	D Last 4. DATE Month	Day Year				
	-	DECEASED (Type or print) MIMARC, I	SAPAH DEATH AN 3	30 1961				
359	S. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		TEAR IF UNDER 24 HRS.				
- 7	1	lenate negro WIDOWED DIVORCED	5/ /1894 66 yrs. 8	ays Hours Min.				
	10	USUAL OCCUPATION (Giver ind of work done 10b. KIND OF BUSINESS OR INDU-	STRY 11. BIRTHPLACE (Stote or foreign country) 12.CITIZE	N OF WHAT COUNTRY?				
31.6		blomestic Purate Home	- Md	03				
F	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
1)	1	George Wilmore	Unne Williams					
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IF	FORMANT COACE Address 1 Be	448				
		- 191-16 1217 110	V. Elligene M. Glary Havrede-	since, near				
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH				
		IMMEDIATE CAUSE (o) CAY & MIG WITH	lardiac failure					
		4437 DUE TO						
	Conditions, if ony, which gove rise to immediate (b) Hortic Angury 5m							
		couse (o), stoting the under. DUE TO lying couse lost.	teriosclentic Heart disease					
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0	CATION		PERFORMED?					
	CERTIFIC	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 1B.)					
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	ICAL		ACE OF INJURY (Home, form, 20f. (City or town) (Contory, street, office bldg., etc.)	unty) (Stale)				
	MEDI	Hour o.m. p. m. 19 While Not while of work of work	and the state of t	AL WAR				
		21. I certify that (I) (this hospital) attended the deceased fram	12/1 1960 to 1/30 1961	., that (I) (we) last				
			leath accurred at Q.A.M., from the causes and an the					
	V	220. SIGNATURE	ATTENDING MED STAFF	22b.DATE //SIGNED				
1			M.D. PHYS. DIRECTOR PHYS.	1131161				
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 569 Revolution Street	1				
	00	Jeorge 1. Wansbury	Haure de Gruce, Marylan					
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY COREMOVAL (Specify)	A 1.40 A 00.0	(Stole)				
	24	EUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGN	NATURE				
	7	lines Esudork Harrede St	uce, her DANGER 2 '61 archur S. Kr					
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